

**A STUDY TO DETERMINE THE EFFECTIVENESS OF SELF
INSTRUCTIONAL MODULE ON FIRST AID AMONG SCHOOL
CHILDREN, IN SELECTED SCHOOLS, AT SIVAGANGAI
DISTRICT, TAMILNADU**

Mrs. Sharala Mary



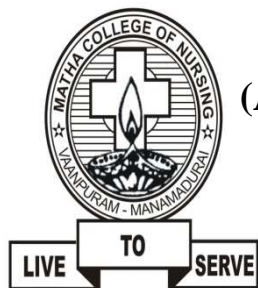
**A DISSERTATION SUBMITTED TO THE TAMILNADU Dr. M.G.R
MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT
OF THE REQUIREMENT FOR THE DEGREE OF
MASTER OF SCIENCE IN NURSING
MARCH – 2010**

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MATHA COLLEGE OF NURSING

(Affiliated to the TN DR.M.G.R. Medical University)

VANNPURAM, MANAMADURAI-630606.

SIVAGANGAI DISTRICT, TAMILNADU.

CERTIFICATE

This is the bonafied work of Mrs.Sharala Mary .D, M.sc., Nursing (2008-2010 Batch) II year student from Matha college of Nursing, (Matha Educational Trust) Manamadurai-630606.Submitted in partial fulfillment for the Degree of Master of Science in Nursing, under Tamilnadu Dr .M.G.R.Medical University, Chennai.

Signature: -----

Mrs.JEBAMANI AUGUSTINE, M.Sc.,(N),.R.N,R.M.

PRINCIPAL,

MATHA COLLEGE OF NURSING

MANAMADURAI.630606.

COLLEGE SEAL;

MARCH-2010

**THE EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE ON
FIRST AID AMONG SCHOOL CHILDREN (11 TO 15 YEARS) IN
SELECTED SCHOOLS AT SIVAGANGAI DISTRICT TAMILNADU.**

Approved by the dissertation committee on; -----

Professor in nursing Research; -----

Prof.Mrs.JEBAMANIAUGUSTINE,M.Sc.,(N),
Principal,
HOD of Medical Surgical Nursing,
Matha College Of Nursing ,Manamadurai.

Guide ; -----

Mrs.JASMINE SHEELA,Msc (N)
Reader ,Dept .of Pediatric Nursing,
Matha college of nursing, Manamadurai.

Medical Expert ; -----

DR. PRABAHAR NAVAMANI M.D, D.C. H.,
Navamani Nursing Home for children
Madurai.

**DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R
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TABLE OF CONTENTS

CHAPTERS	CONTENTS	PAGE NO
CHAPTER I	INTRODUCTION	1
	Need for the study	5
	Statement of the problem	8
	Objectives of the study	8
	Hypothesis	9
	Operational Definition	10
	Assumption	11
	Limitations	12
	Projected outcome	12
	Conceptual Framework	13
CHAPTER II	REVIEW OF LITERATURE	16-23
	Literature related to First aid	16
	Studies related to First Aid knowledge	23
CHAPTER III	RESEARCH METHODOLOGY	31-39
	Research approach	31
	Research design	31
	Setting of the study	32
	Population	32
	Sample and Sample size	33
	Sampling technique	33

	Criteria for selection of the samples	33
	Description of tools	33
	Scoring procedure	34
	Development of instructional module	35
	Testing of the tool	36
	Pilot study	37
	Data collection procedure	38
	Plan for data analysis	39
	Protection of human rights	39
CHAPTER IV	ANALYSIS AND INTERPRETATION OF DATA	40-61
CHAPTER V	DISCUSSION	62-67
CHAPTER VI	SUMMARY AND RECOMMENDATIONS	68-74
	Summary	69
	Major findings of the study	69
	Implications for nursing practice	70
	Implication of nursing education	71
	Implications of nursing administration	72
	Implications of nursing research	73
	Recommendations	73
	Conclusion	74
	REFERENCES	75-80

LIST OF TABLES

TABLE NO	TITLE	PAGE NO
1)	Frequency and percentage of samples according to selected demographic variables	43-44
2)	Distribution of pretest level of knowledge regarding first aid among urban and rural school children	51
3)	Distribution of posttest level of knowledge regarding first aid among urban and rural school children	52
4)	Comparison of pretest post test knowledge regarding first aid among urban and rural school children	53-54
5)	Compare the effectiveness of self instructional module on first aid among urban and rural school children	55
6)	Association between the posttest knowledge of first aid in urban school children with selected demographic variables	57-58
7)	Association between the posttest knowledge of first aid in rural school children with selected demographic variables	59-60

LIST OF FIGURES

FIGURE NO	TITLE	PAGE NO
1.	Conceptual frame work-Von Bertalanffy General System Model	16
2.	Percentage distribution of urban and rural school children according to the age	46
3.	percentage distribution of urban and rural school children according to the gender	46
4.	Percentage distribution of urban and rural school children according to their education	47
5.	Percentage distribution of urban and rural school children according to the previous experience	47
6.	Percentage distribution of urban and rural school children according to the exposure to media regarding first aid knowledge	48
7.	Percentage distribution of urban and rural school children according to the father education	48
8.	Percentage distribution of urban and rural school children according to the mother education	49
9.	Percentage distribution of urban and rural school children according to the father occupation	49

10.	Percentage distribution of urban and rural school children according to the mother occupation	50
11.	Percentage distribution of pretest and post knowledge score among urban school children	55
12.	Percentage distribution of pretest and post test knowledge score among rural school children	55
13.	comparison of post test knowledge score among urban and rural school children	57

LIST OF APPENDICES

APPENDICES	CONTENTS
APPENDIX I	Letter seeking permission to conduct a study
APPENDIX II	Letter seeking experts opinions
APPENDIX III	List of experts
APPENDIX IV	Section1 Demographic data Section 2 semi structured questionnaire-English
APPENDIX V	Tamil translation tool
APPENDIX VI	Scoring key
APPENDIX VII	Self instructional module-English
APPENDIX VIII	Self instructional module -Tamil
APPENDIX IX	Images of video teaching

ABSTRACT

STATEMENT OF THE PROBLEM

A study to determine the effectiveness of self instructional module on first aid among urban and rural school children 11 - 15 years in selected schools at Sivagangai district Tamilnadu.

RESEARCH METHODOLOGY

A quantitative approach was used for this study. The study population was school children between the ages of 11-15years studying in 6th to 10th standard. The sample size consists of 60 children from urban school and 60 children from rural school. Simple random sampling technique by lottery method was used to select the samples. The data collection tool was having two sections. Section: 1 demographic data, Section: 2 semi structured multiple choice knowledge questionnaire used to assess the knowledge regarding first aid measures. Conceptual framework used for this study is based on Von Bertalanffy open system model. The content validity and reliability were established for the entire tool. The pilot study was conducted to find out the feasibility of the main study. The collected data analyzed by using descriptive and inferential statistics.

OBJECTIVES OF THE STUDY

1. To assess the existing level of knowledge on first aid among urban and rural school children.

2. To find out the effectiveness of self Instructional module on first aid among urban and rural school children
3. To compare the post test knowledge of urban and rural school children.
4. To find out the association between knowledge regarding first aid among urban school children and selected demographic variables like age , sex, class, exposure to media, past experience, parent education and occupation.
5. To find out the association between the knowledge regarding first aid among rural school children and selected demographic variables like age, sex , class, exposure to media, past experience, parent education , and occupation, experience, parent education and occupation.

HYPOTHESIS

- ♠ The mean post test knowledge score of urban school children will be significantly higher than their mean pre test knowledge score measured by knowledge questionnaire.
- ♠ The mean post test knowledge score of rural school children will be significantly higher than their mean pre test knowledge score measured by knowledge questionnaire.
- ♠ The mean post test knowledge score of urban school children will be significantly higher than the mean post test knowledge score of rural school children measured by knowledge questionnaire.
- ♠ There will be a significant association between knowledge of urban school children and selected demographic variables like age, sex,

class, exposure to media, past experience, parent education and occupation.

- ♠ There will be a significant association between knowledge of rural school children and selected demographic variables like age, sex, class, exposure to media, past experience, parent education and occupation.

ASSUMPTION

- Boys may have more knowledge than girls regarding first aid.
- Parent and teachers play important role in imparting knowledge to children.
- Selected demographic variables may influence the knowledge regarding first aid.
- The knowledge regarding first aid among high school children are higher than middle school children.

MAJOR FINDINGS OF THE STUDY

- In urban school children 52% of them had inadequate knowledge, 48% had moderately adequate knowledge and none of them have adequate knowledge before the self instructional module.
- In rural school children 57% of them had inadequate knowledge, 43% had moderately adequate knowledge and none of them have adequate knowledge before the self instructional module.

- The urban school children were 63% adequate knowledge, 32% had moderately adequate knowledge, 5% had inadequate knowledge after given the self instructional module.
- The rural school children were 65% adequate knowledge, 28% had moderately adequate knowledge, 7% had inadequate knowledge after given the self instructional module.
- When comparing the mean posttest knowledge among urban school children (85) is higher than the mean (59) pretest level of knowledge.
- When comparing the mean posttest knowledge among rural school children (80) is higher than the mean (57) pretest level of knowledge.
- On comparison the mean posttest (85) knowledge score of urban school children is higher than that of the (80) rural school children.

RECOMMENDATIONS FOR FURTHER RESEARCH

On the basis of the study findings, it is recommended that

- ♣ A similar study can be conducted by using large samples to generalize the findings at urban or rural level
- ♣ A study can be conducted among the same population after introducing the instructional module
- ♣ A study can be conducted among parents and school teachers to reveal the existing level of knowledge among them regarding first aid
- ♣ Training programmes for the students are in high school regarding first aid practices and its importance.

CONCLUSION

Learning first aid is the civic responsibility of each citizen. Since most of the injuries occur around the home and school environment due to various hazards and improper use of equipments in day today life-the most effective means of prevention is educating the parents ,children and public regarding first aid measures and its importance .The study result reveals that the planned video teaching and self instructional module regarding first aid measures are very effective in gaining knowledge, which will enable them to apply the knowledge both in home and school environment.

Humanity plays an important role to render care with intuition immediately at the spot of incidence; it should be a spontaneous tendency of every citizen. By educating the children it is hoped that they will apply this knowledge throughout their life time, which will be a great service to the society.

CHAPTER I

INTRODUCTION

” If a child lives with approval he learns to like himself”

(Joel hardy)

Over the past century, focus of health has shifted to disease prevention, health promotion and wellness. Today, society is complex and ever changing .As children grow, they must learn not only to cope with the current demands but also to prepare for many unexpected events that they will face in their tomorrows. School age Children become more independent with age. This independence leads to an increased self confidence and decreased fears, which may contribute to accidents and injuries. Children are the gift to this world; and hence it is the responsibility of the society to nurture and take care of them.

Children are the young people who represent the country in future. Their health needs are vital and they share the entitlement to good health and quality health services to the rest of the community. Children and adolescents have the right to knowledge and skill about health in the Universal Declaration of children’s rights.

School children continue to learn the values and competencies which they will bring in to the adult world. Their continued achievement depends on a variety of family factors, including parental expectation, stimulation and guidance. Therefore parents assist the children to develop their skills and conscience towards their understanding.

Children gain new ideas from adults outside the family: teachers, parents of their friends, television, newspaper, textbooks and of fiction. Ideally each child is accepted as an individual different from other children.

Basic first aid knowledge helps children to deal with emergency situations. Everyone needs to teach children about being mentally prepared for emergencies Children should be taught about different first aid measures, both at home and at school, which helps emphasize the importance of child safety. This enables them overcome difficult situations like injuries, burns and outdoor emergencies. First aid is all about using common sense in the hour of need. **Vollmond 2009.**

School age children are very active at home, in the community and at the school. This increased activity and time away from parents increases the risk for unintentional injuries .The death rate in children between 5 to 10 years of age is less than younger children .Each year ,20% to 25% of all children sustain an injury to seek medical attention or to miss the school.

First aid is not only just about helping crash victims at the roadside. But also calming an injured person or as profound as saving a life. Certain self limiting illnesses or minor injuries may not require further medical care immediately if first aid is given. It aims to preserve and protect life, prevent further injury or deterioration of illness and help to promote recovery. The internationally accepted symbol for first aid is the white cross on a green background **St John Ambulance 2008.**

There are 50 species of poisonous snakes in India. Majority of morbidity and mortality are due to 5 species and it is reported that 20,000 snakebites and 15,000 deaths occur annually in India. Swaroop et al., 2008.

In India's states with the highest number of snake bite cases are in Maharashtra, West Bengal, Kerala, Andrapradesh and Tamilnadu. Majority incident happen in male's age group of 11 to 50 years and the highest incidence are in evening and midnight. Most common bites are seen in lower extremities.

The first hour after injury's the golden hour. It is estimated that 50% of deaths occur within first hour of an accident, 30% between one hour and one week, and 20% occur after first week. **Dr.Cowley.**

In US 3925 fire related deaths occurred in the year 2003, and out of these deaths 85% were involved in structural fire while 12% in vehicle fire for children under 14 years. The US death rate is such that more than 600 children die each year from unintentional fire and burn related injuries. **National fire protection association.**

Grand Rounds Presentation, 2002 estimated 5-14% of Americans can be expected to have a nosebleed each year. Of those, only about 10% will see a physician. 10% of that number will eventually be evaluated by an otolaryngologist. This generally means that by the time a patient is referred to a specialist his/her epistaxis should be taken seriously.

Globally 40, 000-60, 000 deaths occur due to Rabies. In India 30,000 death occur due to Rabies. In Madurai(2008-2009) death rate was reported at seven among school children and the state government insist on the importance of prevention of rabies by anti rabies vaccine,which is available in all Government hospital for those victims of dog bites.

While dog accounts for 90%to 96% of animal bites, 62% of bites are by puppies. Other domestic animals capable of transmitting rabies are cat, foxes and rodents. Based on the epidemiological patterns of rabies the countries of the region have been classified a high, intermediate, Low and zero incidence countries. High incidence: >1000cases/year-Bangladesh, India. Intermediate: 100-1000cases/year Myanmar, Srilanka, Indonesia. Low incidence :< 100cases/year Bhutan, Kerala, Nepal, Thailand, Zero incidence: Maldives. **WHO 2008**

The Hump-nosed Pit viper is a member of the Pit viper family which can be found in Kerala, Karnataka, Maharashtra, Goa, Tamil Nadu and possibly adjacent states of pitviper families, of snakes there are about 15 kind in India,which have been regarded as mildly venomous for the past 100 years.

School age children are eager to help parents with their working and ironing. They are very curious about play with fire and matches. Serious burns can occur from any exposure to fire. Educate the children about hazards of fire and proper behavior around fires at home and outdoors. All school should have fire escape plans to save the life of every citizen

Domestic burns prevention in India highlighted the strategy for awareness creation regarding burns prevention. Community awareness programmes and school education programme for the target group of school children of eighth standard were conducted in Jaipur. The programmes include audio visual presentations as well as face to face interactions regarding structure and arrangements in the kitchen, careful use of electrical appliances etc. The discussions also include suicidal and homicidal burns prevention strategies. The growing awareness about burn prevention among school children and community members speak about the success strategies.

NEED FOR STUDY

“Show compassion and mercy to the needy people “

(Holy Bible)

As we approached the twenty first century lifestyles throughout the different global regions, are changing rapidly, deeply affecting the working condition, living environmental characteristics of occupational and occupational hazards. In such a milieu it is imperative that every responsible citizen should have sufficient knowledge of rendering first aid to the sick or injured persons till the victims reach the safe hands of qualified personnel.

Fire and burn injuries account for a significant number of unintentional injuries. Children playing with matches and lighters are the leading cause of death in residential fire for children. Under five, children are twice likely to die, when compared with the rest of the population due to fire. Children, aged up to 4yrs comprise 20% and 5-14yrs 10% of all patients with burns. **Shehan Hettiaratchy 2004.**

Drowning happens quickly and without warning, it is the second leading cause of injury related death for children between 1 to 14 yrs of age group. Drowning is the cause of approximately 7000-8000 death each year in the US. Many deaths due to drowning occur also in older school age children and adolescents. It occurs in freshwater, bathtub, streams, lakes, river and buckets of water. **Harris County**

Seizures affect about 2.3 million Americans. At least 8% of the general population will experience one or more seizure in a lifetime. The common factors may trigger seizure in children include emotional stress, sleep deprivation, fatigue, fever, illness, menstrual cycle, heat, fasting etc.

Division of injury and control state that injuries in children are probably the most under recognized child health problem that exist today with long lasting effects that go far beyond that mortality statistics present. Falls are the fifth ranked causes of death among boys while the fourth ranked among girls from 1 to 4 years of age.

Scorpion bite is quite common. A research for treatment of Scorpion Bite is undertaken at Walawalkar Hospital. However, proper treatment there of is not yet available in most of the villages. Villagers by and large depend on Vaidus, Tantra, Mantra etc. in the absence of reliable treatment. Kankar coastal scorpions are cardio toxic. Research is being conducted on the treatment modality of the scorpion bite, taking into account the long-term effects there of, on the patients.

Scorpion sting is a dramatic life threatening medical emergency in villages and subtropical countries. In India Red scorpion and black scorpions are of medical importance, and it is commonly found in wood, banana, bedding, shoes, clothing and felt in the ground etc. **Soonu Udani etal., 2008.**

First aid is a measure to save the life of the person. India is one of the largest developing countries in the world; it constitutes around 20% of school going children. The future of our country rests on the children who will become the future citizens and leaders. Care for the children is not only vital in itself but the most important aspect of the health of the community as a whole. **WHO 2005.**

India - a country of over a billion people - is today one of the youngest countries in the world. Nearly one third of its population is under 15 years of age. Economists and advocates of developments have repeatedly stressed that India needs to provide far greater access to improved healthcare and education for this young population. **UNICEF 2007**

Fall from bicycles and skating devices cause significant number of head injuries in school children. The most important aspect of bicycle safety is to encourage the rider to wear a protective helmet.

School age children are eager to develop skills and participate in meaningful and socially useful work. They acquire a sense of personal and interpersonal competence. School age children have developed more refined muscular coordination and can apply their cognitive capacities to

their behavior. The more positive children feel about themselves, the more confident they will be trying for success in the future. School serves as the agent for transmitting the values of society to each succeeding generation of children.

As a nurse educator she has a greater role to educate the school children regarding various aspect of health like hand washing, waste disposal, prevention of accidents, safety needs, first aid etc. Since the investigator is also one among them. She needs to contribute a small portion to this life saving measures through this minor study. So let's all (Nurses, Children and Public) take it as a challenge to save the life and promote the well being of children and community who are tomorrow's kings and queens.

STATEMENT OF THE PROBLEM

A study to determine the effectiveness of self instructional module on first aid among school children 11 -15 years in selected schools at Sivagangai District, Tamilnadu.

OBJECTIVES OF THE STUDY

1. To assess the existing level of knowledge on first aid among urban and rural school children.
2. To find out the effectiveness of self Instructional module on first aid among urban and rural school children.

3. To compare the post test knowledge of urban with that of rural school children.
4. To find out the association between knowledge regarding first aid among urban school children and selected demographic variables like age , sex, class, exposure to media, past experience, parent education and occupation.
5. To find out the association between the knowledge regarding first aid among rural school children and selected demographic variables like age, sex , class, exposure to media, past experience, parent education , and occupation, experience, parent education and occupation.

HYPOTHESIS

- ♠ The mean post test knowledge score of urban school children will be significantly higher than their mean pre test knowledge score measured by knowledge questionnaire.
- ♠ The mean post test knowledge score of rural school children will be significantly higher than their mean pre test knowledge score measured by knowledge questionnaire.
- ♠ The mean post test knowledge score of urban school children will be significantly higher than the mean post test knowledge score of rural school children measured by knowledge questionnaire.
- ♠ There will be a significant association between knowledge of urban school children and selected demographic variables like age, sex, class, exposure to media, past experience, parent education and occupation.

- ♠ There will be a significant association between knowledge of rural school children and selected demographic variables like age, sex, class, exposure to media, past experience, parent education and occupation.

OPERATIONAL DEFINITION

SCHOOL CHILDREN

The study relates children studying in the middle and high school both in township and village areas between the age group of (11- 15years) in St.Joseph higher secondary school at Sivagangai, and St.Mary's higher secondary school at Rajagambiram.

FIRST AID

First aid is the temporary and immediate treatment given to a person who is injured or suddenly become ill by using facilities, or materials available at that time before regular medical help is imparted.

.

KNOWLEDGE

It is an idea, understanding and skills regarding first aid in case of fire and burns, drowning, epistaxis, dog bite, fall and injury, seizure, snake bite, and insect bite which is gained through education or experience.

EFFECTIVENESS

This study relates it refers to which extent the self instructional module in compact disc form has achieved its goal in terms of gaining knowledge is measured by knowledge questionnaire.

SELF INSTRUCTIONAL MODULE

It refers to a self instructional module prepared in a Compact disc form by the researcher to educate the urban and rural school children regarding first aid measures on fire and burns, drowning, epistaxis, dog bite, fall and injury, seizure, snake bite, and insect bite.

ASSUMPTION

- Boys may have more knowledge than girls regarding first aid.
- Parents and teachers play an important role in imparting knowledge to children.
- Selected demographic variables may influence the knowledge regarding first aid.
- The knowledge regarding first aid among high school children are higher than middle school children.

LIMITATION

- ✚ The study is limited to two schools for urban St. Joseph higher secondary school Sivagangai and for rural St Mary's higher secondary school Rajagambiram
- ✚ The study is limited to school children with age group of 11 to 15years
- ✚ Data collection period is limited to 6 weeks.

PROJECTED OUTCOME

- The findings of the study help the researcher to reveal the knowledge regarding first aid among rural and urban school children.
- It motivates the school children to apply their knowledge in specific situation while they need to apply first aid in school children.
- It helps the school children to know the importance of first aid and able to apply it in home situation.
- It reveals the higher significant need of school health nurses to conduct this type of educative programme.

CONCEPTUAL FRAME WORK

The conceptual framework is a group of related ideas, statements or concepts. The term conceptual model is often used interchangeably with conceptual frame work and sometimes with grand theories that articulate a broad range of the significant relationship among the concepts of a discipline (kozeir Barbara,2005)

The conceptual framework for this study was derived from general system of model given by Von Ludwig Bertalanffy (1968).

According to this theory, a system is a set of components or units interacting with each other within a boundary that filters the type and range of exchange with the environment. All living systems are open in that there is a continual exchange of matters, energy, and information. In open system it receives input and gives back output in the form of matter, energy and information.

The present study aims at developing and evaluating the effectiveness of self instructional module on first aid such as fire and burns, drowning, epistaxis, fall and injury, snake bite, and insect bite for urban and rural school children of 11 to 15 years. General system of theory is useful in breaking the whole process into sequential tasks to ensure goal realization Bertalanffy explained that the system has four major aspects.

- I. Input
- II. Throughput
- III. Output
- IV. Feedback

Input

It is the type of information, energy and material that enters the system from the environment through its boundaries. The assessment of the level of knowledge regarding the various aspects of first aid among school children are done by using a tool to assess the selected demographic variables such as age, sex, past experience regarding first aid knowledge , exposure to media regarding knowledge of first aid. A semi structured multiple choice questionnaire which is used to assess the existing level of knowledge regarding first aid.

Throughput

Is a process that allows the input to be changed therefore this is useful to the system. In this study throughput is a transformation of knowledge on first aid through self instructional module and with hand out to clarify their doubts regarding the first aid measures among urban and rural school children.

Output

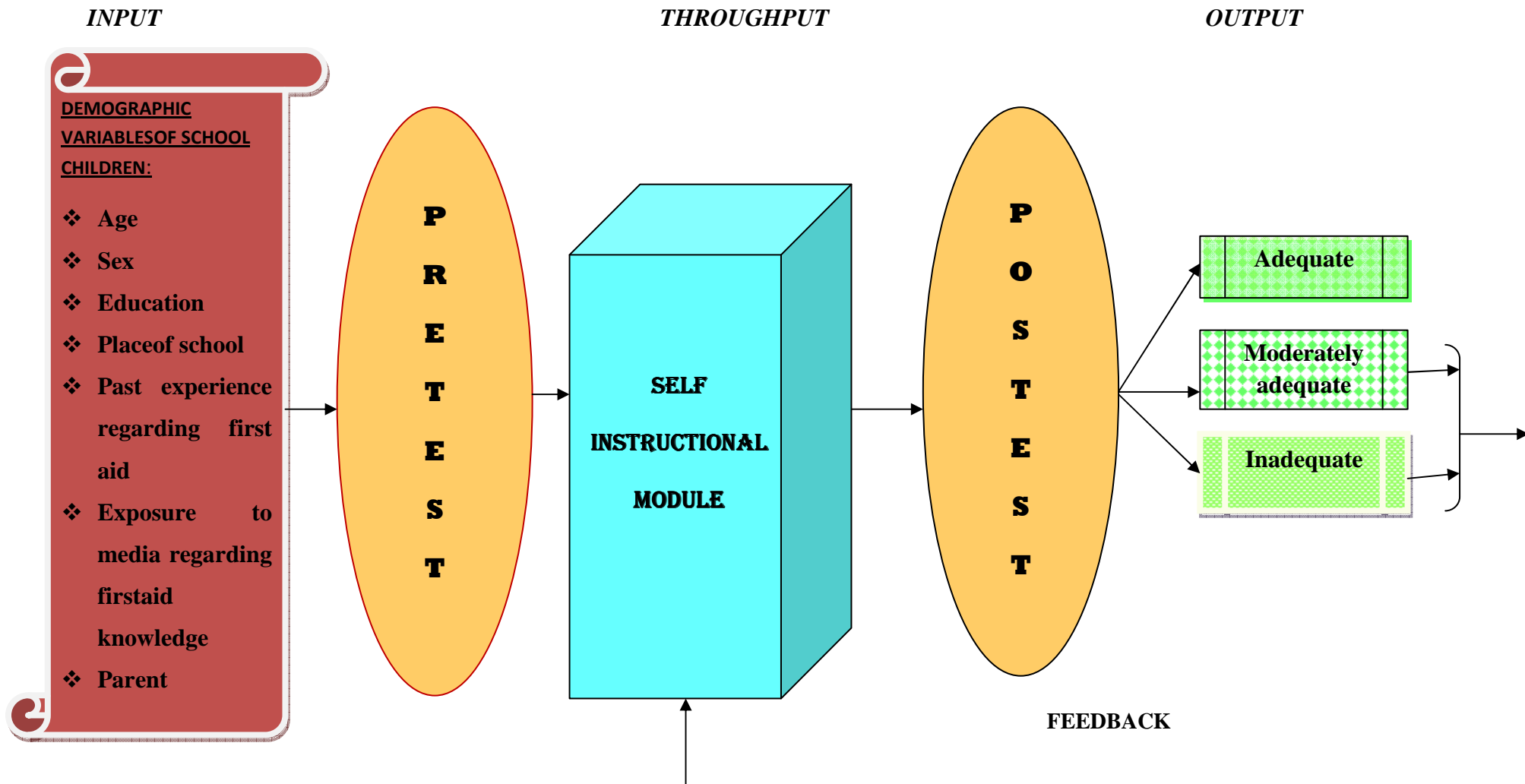
Output is any information that leaves the system and enters the environment through the system boundaries. Output denotes the improved level of knowledge i.e. adequate, moderately adequate, and inadequate level of knowledge received after self instructional module on first aid among urban and rural school children 11 to 15years. In this study output is assessed by the posttest conducted among urban and rural school children regarding first aid measures using the semi structured

multiple choice questionnaires through interview method. The improved score gained by children during posttest indicates the effectiveness of self instructional module on First aid.

Feedback

If the knowledge is moderately adequate and inadequate a feedback can be given by re-administering a self instructional module regarding first aid measures.

Figure -IVON LUDWIG BERTANLAFFY'S (1968) GENERAL SYSTEM MODEL



CHAPTER –II

REVIEW OF LITERATURE

Review of literature is an important step in the development of a research project. It involves the systematic identification, location, scrutiny and summary of written materials that contain information on research problem.(Polit and Hungler,2000).

This chapter attempts to present a broad review of the study conducted, the methodology adopted and conclusion drawn by earlier investigations. It helps to study the problem in depth.

Related research literature was reviewed to broaden the understanding and to gain insight into the selected area under study. The review is organized in the following headings;





SECTION 1 : literature related to First aid

SECTION 2 : Study related to First aid knowledge

LITERATURE RELATED TO FIRST AID

First aid is the temporary and immediate treatment given to a person who is injured or suddenly become ill by using facilities, or materials available at that time before regular medical help is imparted.

Objectives of first aid :

-  To preserve life
-  To prevent further injury and deterioration of the condition
-  To make the victim as comfortable as possible to conserve strength
-  To put the injured person under professional medical care at the earliest.

Responsibilities of the first Aider

- ☑ Gain access to the victim in easiest and safest way.
- ☑ Observe the accident scene and assess the situation.
- ☑ Give immediate ,appropriate and adequate treatment considering priority of first aid measures.
- ☑ Arranging without delay for shifting the casualty to a Doctor or hospital
- ☑ Once the first aider has voluntarily started care he should not leave the scene or stop the care until responsible person arrive at the site.

First aid measures are listed below in the following as fire and burns, drowning, epistaxis, dog bite, fall and injury, seizure, snake bite, and insect bite

Fire and burns

An infant falls and bruises his arm while learning to walk; a toddler scaped the knee while learning to run, a child needs stitches in his chin after a fall on the playground . A teenager suffers a sun burn as a result of a weekend at the beach in the course of growing up and the daily life soft tissue injuries occur often in many different ways.

Burns are a special kind of soft tissue injuries. A burn injury occurs when intense heat or certain chemicals or electricity or radiation contacts the skin and other body tissues. Burns are classified as superficial burns, partial thickness and full thickness.

Four steps for burns care are as follows;

- ♣ Cool the burned area with water to minimize additional tissue destruction
- ♣ Keep air away from the burned area by covering it with dry, clean cloth
- ♣ Take appropriate measures to prevent infection
- ♣ Maintain the victim body temperature to minimize shock.

With electrical burns check carefully for additional problem such as breathing difficulty, cardiac problem and fractures.

Guidelines to escape from fire;

- ♣ If there is smoke, crawl low to escape. Since smoke rises in a fire, breathable air is often close to the floor.
- ♣ Make sure children can open windows, go down a ladder, or lower themselves to the ground. Practice with them
- ♣ Get out quickly and do not return to a burning building under any circumstances
 - If you cannot escape, stay in a room and stuff door cracks and vents with towels, rags or clothing.

Drowning

Drowning is a death by suffocation when submerged in water. Drowning begins whenever small amounts of water are inhaled into the lungs by a person gasping for air while struggling to stay afloat. Stimulation by the water causes spasms of muscles of the larynx, which close the airway to prevent more water from entering lungs.

Points to remember as:

- ♣ Get to the victim as soon as possible without risking personnel safety
- ♣ Use something that allows him to float such as a life jacket , ring buoy, rescue tube etc
- ♣ Remove the victim from the water
- ♣ Open the airway and check for breathing and give abdominal thrusts to allow the water to vomit

The basic methods to rescue the person are reach ,throw, or wade in order to protect himself. Maintain healthy lifestyle practices to reduce the drowning rate.

Epistaxis

It is a bleeding from the nose that occurs in the case of nasal injury ,bleeding disorders, pinching the nose vigorously etc.

When the victim gets bleeding from nose;

- Keep the person calm and provide sitting position
- Advise him to lean forward with slightly pinching the nostrils for five to 10 minutes.
- If bleeding persists more than 10mts transfer the victim immediately to the physician.

Dog bite

Dog bites are very serious. It may cause fatal condition called hydrophobia. The rabies dog should be watched for 10 days, when the victim is bitten by such a dog

- 👉 The bitten area should be washed with soap and water to remove the saliva from the bitten site

- ✿ Put sterile dressing
- ✿ Consult a doctor for a possible post exposure vaccine.

Steps to be taken to prevent and control Rabies:

- All stray dogs around the locality and work place should be eliminated.
- Domestic animals should be given the yearly vaccination without fail
- All unnecessary contact with stray dog should be avoided.
- Persons with high risk of exposure (veterinary doctors, dog catcher etc.) should be vaccinated as a precautionary step.

Fall and injury

Injuries to the musculoskeletal system are common. Injuries to the extremities, arms and legs hands and feet are quite common. With any injury to the true of the extremities the prompt care to prevent further pain and damage. Millions of people at home ,at work ,or at play injure their muscles ,bones and joints. No age group is immune. These injuries are always painful. General care for all musculoskeletal injuries are similar.

- ♣ Rest ;Avoid any movements or activities that cause pain and comfortable position,
- ♣ Ice :Cold helps to reduce swelling, pain and discomfort
- ♣ Elevate :Elevating the injured area helps to slow the flow of blood ,reduce swelling
- ♣ Immobilization: Immobilizing an injured part by applying a splint, sling, or bandages to keep the injured part from moving.
- ♣ Apply pressure if bleeding persists above the cut injury and observe the signs of shock.

Seizures

When the normal functions of the brain are disrupted by injury, disease, fever, infections, the electrical activity of the brain become irregular. This irregularity cause a loss of body control known as seizure.

Care for seizure is as follows:

- Do not control seizure and muscular contractions.
- Do not restrain the person and stop the seizure.
- Move away the objects, furniture that might cause injury.
- Protect the person's head by placing small thin cushion under the head.
- Place the person in side lying position to drain saliva and to prevent aspiration
- Reassure and comfort the victim.

Snake bite

All snake bites are not fatal. Only a small quantity of venom may be fatal. The most people die from fear and venom is not the point of consideration.

- In non poisonous snakes bite semi circular row of teeth marks may be seen.
- Local swelling appearing within few minutes after bite is a sign of poisonous snake bite.

Guidelines to care for someone bitten by a snake:

- Wash the wound.
- Immobilize the affected part.
- Apply sling to an injured part.

- Keep the affected area lower than the heart if possible.
- Reach medical care within 30 minutes.
- Do not cut the wound.

Insect bite

Insect bites and stings are most common source of injected poisons. Most often scorpions come out of their hiding place at night. The tail of the scorpion has a stinger that injects venom into the victims. Although insect stings are painful they are rarely fatal. Fewer than 100 reported deaths occur in each year. Some people may have severe allergic reaction to an insect sting which is the results of life threatening condition.

To give care for the insect sting first examine the

- Sting site to see if the stinger is in the skin
- Remove the stinger with plastic card or finger nail.
- Wash the site with soap and water.
- Apply a cold pack to the area to reduce the pain and swelling.
- Observe allergic reaction.

Local treatment for insect stings;

- 🐝 Bee venom is acid and it should be neutralized by application of ammonia, soda, methylene blue.
- 🐝 Wasp venom is alkaline and it should be neutralized by application of vinegar, or lemon juice.
- 🐝 If the scorpion sting is on extremity apply a tourniquet proximal to the site and release it every 5 to 10 minutes for a few seconds to prevent gangrene formation.
- 🐝 Put the burning end of match stick to the body of leeches. They will fall off.
- 🐝 Shift the victim to the hospital.

STUDIES RELATED TO FIRST AID KNOWLEDGE

American Academy Association Science Daily 2009 reported that dog bite is a particular threat to young children in an evaluation of 84 cases of dog bites in children over 8 years period the author found most injuries were caused by family pets 27% with higher frequency of injuries during summer month, The author found from the data collection that uniformly it includes adequacy of children supervision, breed of dog, time of event, location.sex and ownership of dogs. The most common sites of bites are the head and neck, cheeks34%, lips21% and nose and ears 8%. It is estimated that 1% of all emergency room visits attributed to dog bite injuries.

Emmanuel Onyekwelu 2009 conducted a retrospective study to determine the pattern of near drowning. Drowning is a significant cause of morbidity and mortality in childhood globally. The study reveals that male children are more likely to drown, the manner of drowning is mostly accidental, and the river is the most common place.

U.L .Singh et al., 2009 who have done a study on dog bites and its management in the context of prevention of rabies in a rural community of Gujarath assessed the level of general awareness and knowledge and also the results revealed that 31.1% would like to apply first aid measures,36.4% follow some religious practices and the remaining alone will consult a doctor. Only 86.6% of individuals are aware of anti rabies vaccine.

Mr. Ahuja HINDU magazine 2009 The international society for burn injuries called an effective “National burns programme “on the basis of tuberculosis and malaria programme in New Delhi_.The seventh Asia Pacific Burns congress and Annual Congress of National Academy of burns , in India a three day academic and interactive session of leading burn professionals from the world organized by the International society for burn injuries ended in the capital on eighth January .The society called for strengthening the existing infrastructure to manage burns and introduce cost effective treatment modalities and center registry burns. It further demanded a preventive programme and augmenting the pool of trained manpower and upgrading the knowledge base.

O Hara KA 2007 did a study in first aid for seizures to protect the individual from harm during seizure .The study reveals that the lack of knowledge in case of parents ,teachers, co workers and public at large tend to increases the potential of seizure which are likely to prolong or reoccur. And the associated discomfort about how to provide first aid also can contribute to the general stigma associated with epilepsy. The main goal of this study is to the prevention of status epileptics.

Mello MJ et al., 2007 conducted a study in injury prevention center at Island. The aim of the study was to find out the effectiveness of education on injury prevention as a means of disseminating knowledge among children. The end of the education handout is provided regarding injury prevention. The study results revealed the need for continued research education as a role in injury prevention.

Baffer M et al., 2007 assessed the knowledge of first aid, among school children in Turkey. The goal of this study was to determine the knowledge by using a questionnaire. Study findings were 65.1% have incorrect answers regarding epistaxis, 63.5% for bee stings, 88.5% for abrasion. The result of this study showed that children are having inadequate knowledge. The study concluded that basic first aid should be compulsory in all school.

Madhavan Nayar, India 2006 conducted a study in Kerala regarding knowledge, attitude, and practice of epilepsy among school children. Ninety-eight percent of them had heard or read about epilepsy. However, nearly 60% of students thought that epilepsy was a form of insanity. Allopathic treatment was preferred by more than half of the respondents; many had faith in exorcism and visiting religious places as ways to cure epilepsy. The study concludes that although familiarity with epilepsy was high the misconceptions and negative attitudes were alarmingly higher. Persistent and effective information campaigns therefore is the necessary to change their attitudes toward fellow students with epilepsy.

Carvera and Timperi OA 2006 examined associations between perceptions of neighbourhood safety and physical activity among youths. They completed a cross sectional study by questionnaire among children aged between 8 to 9 years (no=188) and adolescents aged 13 to 15 years (no=346) in areas of varying socio economic status in Melbourne , Australian. The study finding reveals that the perceptions of neighbourhood safety might influence physical activity among youth in different ways according to age group and sex.

Singer AJ et al., 2005 did a descriptive study in pediatric first aid among parents to determine the knowledge of first aid practices in parents. It includes management of stings, burns, scald, nosebleed, seizure, eye injuries, fracture, sprain, fever skin wounds and etc. Knowledge of specific guidelines ranged from 21-90%. Subjects especially lacked knowledge regarding the rapid removal of all stingers. only 36% have sting awareness and 46% burn awareness. Knowledge is unaffected by age, gender and education. Further education is needed to improve the knowledge of first aid practices.

Thein MM et al., 2005 did a cross sectional worldwide study in knowledge attitude and practices of childhood injuries and their prevention among primary caregivers in Singapore. The samples are collected with a two stage stratified random sampling. This study revealed that care givers are having adequate knowledge in road safety but poor knowledge in home safety and first aid practices. He conclude the study with needed frequent educational programme.

Ab Rahman 2005 did a survey among University students of Malaysia regarding the awareness and knowledge of epilepsy. Students were required to answer a series of questions on awareness and knowledge of epilepsy. It was found that 86.5% of students had heard or read about epilepsy, while 55.6% had observed an epileptic seizure. Only 30.7% said that they knew the cause of epilepsy and 5.3% thought epilepsy was caused by evil spirits. Epilepsy was considered hereditary by 66.9% of respondents, while 4.9% thought it was contagious. The findings indicate a generally favorable level of awareness and knowledge of epilepsy still need to improve along with understanding of epilepsy.

Oneill A.C etal.,2005 conducted a study in Ireland among both patients and primary care givers following burn injury. Simple first aid measures such as immediate wound cooling and removal of the source of injury can significantly improve clinical outcome. This study illustrates that knowledge regarding the initial management of burn injury is very poor. It also suggests that National public health education campaign could have a positive outcome of burn injury.

David A Warrell 2005 conducted a study at University of Oxford. According to the study every year, hundreds of people and unknown numbers of dogs and other domestic animals in England, Wales, and Scotland are bitten by our only indigenous venomous snake, the adder (*Vipers beaus*) UK poisons centers are consulted about an average of 100 human and a dozen veterinary cases each year. In about 70% of patients, envenoming is negligible or purely local, causing pain, swelling, and inflammation of the bitten digit. On rare occasions, envenoming can be life threatening, especially in children, and many adults experience prolonged discomfort and disability after the bite.

Dr.Owen Lewis 2004 in his prospective multiple group study in evaluation of first aid for snakebite around 20 communities and came to know the effectiveness of video teaching regarding first aid for snake bite in Sunsari District at Nepal. The knowledge after teaching increased (0.9) than not seen video (0.2).This study reveals that no significant difference among illiterates and non illiterates.

JKA Madaki et al., 2004 did a study to assess the management and outcome of victim treated with a comprehensive health care in a rural setting at Nigeria where morbidity and mortality are known to be unacceptably high. This study reveals that 103 of 620 admissions, constituting 16.6% were due to bites. Majority of patients were farmers (48.5%) and students (22.3%). Farming and walking along the bush-path carry equal risk of exposure and accounted for 70% of bites and 96% of the cases was identified as carpet viper (84.5%) biting . About eight out of every ten patients (81.6%) use a first aid measure and nine out of every ten patients that used a first aid measure used a tourniquet either alone or combined with other measures such as traditional medicine of an incision at the site.

R. P. Conrad et al., 2004 conducted a study at Edinburgh, that highlighted the deficiencies in first aid knowledge among a random selection of the general population. The study revealed that accidents cannot be prevented or ameliorated by protective devices and hence good first aid is essential to reduce the further effects of an injury. Recognized first aid courses, such as those run by voluntary agencies, focus their training on adult injuries.

Lamb R and Joshi MS (2004) conducted a quasi experimental study on assessment of safety skills performance and knowledge to evaluate the education offered by the life skills, learning for Living, village, Bristol, UK. He used two quasi experimental matched control group. Study-1 knowledge and performance three months post evaluation. Study 2-knowledge pre intervention at a three time points, to distinguish between immediate learning and longer term retention.

Study1-Lifeskill/intervention children did better than control children. Study 2; intervention children did better than control children immediately after the intervention and three months later in all knowledge tests. The life skill package improved both knowledge and performance.

McCormack RA et al., 2003 conducted a study at Gosford hospital, Australia to identify the adequacy of first aid care following minor burns in children. The outcome is measured with comparisons of the adequacy of first aid delivered by parents, carers, general practioners, local hospitals and community health worker. Burns included scalds,contact,flame,chemical or electrical burns .The study result shows that there is a need to educate parents and health professionals regarding appropriate first aid for burns.

Strachan 2003 did a study on first aid treatment of epistaxis at James University hospital. A survey of 500 members of the public was carried out in which they were asked how they had dealt with nosebleed. The study revealed that high level of ignorance as the correct first aid treatment.

Szanjder et al., 2001 a study conducted on frequency of childhood injuries among all children less than 16years living in Bonalogue-Billan court victims of injuries occurring in that town required hospital care are targeted. An average annual incidence is 79.7% children. School injuries are most frequent ones 36% foreign body prevalence is maximum between one and four 2.5% struck collisions 38% between 10to15yrs old predominant injuries causes are convulsion 38% head trauma 10% 16% fracture 16% wounds and 6% sprains.

Mrs. Pinakibayans 2000 did a study to assess the effectiveness of booklet among mothers of under five children on prevention and management of injuries in selected areas of Udupi, Karnataka. The study findings reveal that mother have poor knowledge in pretest and gained adequate knowledge in posttest. She concluded that the health professional and researchers need to impart the knowledge through various educational programme.

CHAPTER III

RESEARCH METHODOLOGY

The methodology of research indicates the general pattern to gather empirical data for the problem under investigation. This chapter comprises methodology of the study, the research design, setting of the study, sample, technique of data collection, description of tool, validity of the tool, reliability of the tool, Pilot study, and procedure for data collection and plan for analysis of data. The present study aimed at evaluating the effectiveness of self instructional module on first aid among urban and rural school children.

RESEARCH APPROACH

The quantitative research approach was used to evaluate the effectiveness of self Instructional Module on first aid in Fire and burns, Drowning, Epistaxis, Dog bite, Seizure, fall and injury, Snake bite and insect bite among urban and rural school children

RESEARCH DESIGN

In this study Quasi experimental research design was used.

O1 ----- X ---- O2

Q1----- X ----- Q2

O1= Urban school pre test knowledge assessment

O2=Urban school children post test assessment

X= Self instructional module on first aid

Q1=Rural school pre test knowledge

Q2=Rural school post test knowledge assessment

SETTING OF THE STUDY

The study was conducted in a selected urban school at Sivagangai St. Joseph higher secondary school. This school is about 18km away from Manamadurai. Totally 800 students are studying in the school. Total number of students studying in 6th 7th 8th 9th 10th standards are 420 out of which 60 samples are selected for the study. There are 32 teachers employed in the school permanently. There is a rural setting in St. Mary's higher secondary school at Rajagambiram. This school has a student strength of 985 are studying there and 36 teachers are working in the school. Total number of students studying in 6th 7th 8th 9th and 10th standard are 482 out of which 60 samples are selected for the study. The moral and spiritual classes are conducted to develop and impart knowledge in both academic and disciplinary activities. The scout, junior red cross are also functioning in both urban and rural schools. Health professionals play the major role in teaching school children regarding health and illness prevention, first aid etc to bring the child in socially acceptable person.

POPULATION

The target populations included for this study are both urban and rural school children between the age group of (11 to 15 yrs) studying in 6th to 10th standard.

SAMPLE SIZE

120 children between the age group of 11-15 years are studying in the school. 60 children from urban school and 60 from rural school who were interested to participate in the study were selected.

SAMPLING TECHNIQUE

Simple random sampling technique is used to select the samples by lottery method in both urban and rural school children. A lot was selected in each class separately which is 6th, 7th, 8th, 9th and 10th class students.

CRITERIA FOR SELECTION OF THE SAMPLE

INCLUSION CRITERIA.

- ✚ Children in the age group between 11 -15 years are studying in the school.
- ✚ Both male and female children were included.

EXCLUSION CRITERIA

- ✓ Children below 11 and above 15 years.
- ✓ Children who were not willing to participate in the study.

DESCRIPTION OF TOOLS/INSTRUMENT

The semi structured questionnaire consists of two sections

Section -1: Demographic data

Section-2: Semi structured knowledge questionnaire

Section-1:

Consists of demographic data including age, sex, education, past experience and exposure to media regarding first aid knowledge, parent education and occupation.

Section 2:

It consists of 60 multiple choice questionnaires to evaluate the knowledge among urban and rural school children regarding first aid such as fire and burns, drowning, nose bleeding, dog bite, fall and injury, seizure, snake bite and insect bite.

SCORING PROCEDURE**Section 2:**

Each question consists of 4 alternatives with 1 correct response, appropriate response and distracters. The correct answer carries 2 marks, appropriate answer carrying 1 mark and wrong answer carries 0 marks. Knowledge score was interpreted as follows;

Percentage score	Level of knowledge
1%-49%	Inadequate knowledge
51%-75%	Moderately adequate
76%-100%	Adequate knowledge

DEVELOPMENT OF SELF INSTRUCTIONAL MODULE

Teaching plan is a guide for the researcher to cover the topic completely with the proper sequence of points without missing anything. Steps involved in development of self Instructional module is,

- a) Framing outline for self instructional module
- b) Preparing a content
- c) Designing the self instructional module in a Compact disc form
- d) Prepare a hand out regarding selected first aid measures

Framing the outline for self instructional module

The self instructional module is introduced by the investigator on the basis of first aid and highlights the meaning and importance as well as the areas to gain first aid knowledge for fire and burns, drowning, epistaxis, dog bite, seizure, fall and injury, snake bite and insect bite.

Preparing the content

The researcher has prepared the self instructional module from literature, national and international agencies like Red Cross to collect the video clippings regarding first aid measures with consultation from subject experts. The content included in the video display regarding first aid measures such as fire and burns, drowning, epistaxis, dog bite, seizure, fall and injury, snake bite, insect bite.

Designing the self instructional module in a Compact Disc format

The self instructional module is designed on the basis of semi structured

questionnaire such as fire and burns, drowning, epistaxis, dog bite, seizure, fall and injury, snake bite, insect bite and concluded with researcher involvement.

Preparing a hand out regarding first aid measures

The hand out is prepared in the same format as like a self instructional module regarding first aid measures such as fire and burns, drowning, epistaxis, dog bite, seizure, fall and injury, snake bite, insect bite to clarify their doubts and to share the knowledge with other students .

TESTING OF THE TOOL

Validity

The semi structured questionnaire and demographic data was developed by the investigator based on the review of literature.

Four experts from the nursing field and one from the medical field evaluated the tool for content validity based on their suggestions and recommendations modification done and after establishing the validity of experts the tool was translated into Tamil again translated into English to validate the knowledge.

Reliability

The test and retest method was used to establish the reliability of structured questionnaire. The co efficient reliability was 0.8 satisfactory.

PILOT STUDY

The pilot study was conducted with the view of assessing the feasibility of the study to determine the flaws in the study design and to decide plan for data analysis. Prior administrative permission was obtained for urban sampling from St Joseph higher secondary school at Sivagangai and for rural sampling from St Mary's higher secondary school at Rajagambiram. Six children from each school who met the inclusion criteria were selected by using simple random sampling method. The tool was administered to each child with the guidelines. It has taken around 30 to 40mts for the children to complete the questionnaire for first aid. All the samples were gathered in a class room after the pretest. The instructional module has shown to the urban samples afterwards the hand out distributed to each sample. The next day post test was conducted to the same group. The same procedure was carried out in rural study setting. Samples were adequate to conduct the main study in both urban and rural setting. Hence the formal permission was obtained from headmasters of both urban and rural school. The subjects included in the pilot study were excluded in the main study. Pilot study confirmed that the final study is feasible.

DATA COLLECTION PROCEDURE

The data collection was scheduled from June to July. Before the data collection the Investigator obtained the formal permission from the management and headmistrees of St Joseph higher secondary school, Sivagangai and St Mary's higher secondary school Rajagambiram to conduct the study.

The investigator visited the school on the given date and was introduced to the concerned teacher and the children by the headmaster of the school and the purpose of the study was explained to the children.

The main study was conducted for three weeks in urban school children in St Joseph higher secondary school, Sivagangai. In the first week pretest data was conducted and it was collected in the manner of 12 samples each day. The time taken to interview each sample was 30 to 40 minutes. The investigator collected the data every day from 1.30pm to 5pm except on Saturdays and Sundays. So the total sample was covered in one week. In the second week Instructional module on first aid was given to this 60 samples in a class room after the video clippings the distribution of hand out regarding first aid measures to each sample to clear their doubts , reinforce the knowledge and able to answer effectively in the posttest . The duration of health teaching is 30minutes. The following week posttest was conducted for them. Same procedure was carried out in rural school children in St Mary's higher secondary school at Rajagambiram for following three weeks. After giving thanks to the respondents, the data collection procedure was terminated. The investigator found no difficulties during data collection.

PLAN FOR DATA ANALYSIS

The data to be analyzed is planned on the basis of objectives and hypothesis of the study. The data obtained is analyzed using descriptive and inferential statistics such as mean, standard deviation, frequency percentage, Chi-square, 't' test used to evaluate the knowledge.

S,.no	Data analysis	Methods	Remarks
1.	Descriptive analysis	Mean, Mean percentage and deviation	Determination of demographic variables. Assessed existing level of knowledge and posttest knowledge among rural and urban children
2.	Inferential statistics	‘t’ test	Compare the posttest knowledge regarding first aid among urban and rural children
		Chi –Square	Association between the demographic variables and level of Knowledge among urban and rural school children.

PROTECTION OF HUMAN RIGHTS

The study was done after the approval of dissertation committee. Permission was obtained from the management of schools. Verbal consent was obtained from the subjects and the data collected were kept confidential.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

Analysis is a process of organizing and synthesizing data in such a way that research questions can be answered and hypothesis tested.

(Polit and Hungler ,2000)

This chapter deals with analysis and interpretation of data collected from 120 students and of them 60 students were from urban St. Joseph higher secondary school at Sivagangai and the remaining 60 children from rural St.Mary's higher secondary school Rajagambiram. They were selected by simple random sampling by lottery method.

Abdulla and Levine (1979) have stated that the interpretation of tabulated data can bring to light the real meaning of the findings of the study. The data collected through semi structured interview schedule were analyzed by using descriptive and inferential statistics which are necessary to provide a substantives summary of results in relation to the objectives

OBJECTIVES OF THE STUDY

1. To assess the existing level of knowledge on first aid among urban and rural school children.
2. To find out the effectiveness of self Instructional module on first aid among urban and rural school children
3. To compare the post test knowledge of urban and rural school children.

4. To find out the association between knowledge regarding first aid among urban school children and selected demographic variables like age , sex, class, exposure to media, past experience regarding first aid, parent education and occupation.
5. To find out the association between the knowledge regarding first aid among rural school children and selected demographic variables like age, sex , class, exposure to media, past experience regarding first aid, parent education , and occupation.

PRESENTATION OF DATA

The collected data were organized, tabulated, analyzed and presented under following 7 headings

SECTION 1

Frequency and percentage of samples according to selected demographic variables

SECTION-2

The distribution of pretest level of knowledge of first aid among urban and rural school children

SECTION 3

The distribution of post test knowledge regarding first aid among urban and rural school children.

SECTION 4

Evaluate the effectiveness of self instructional module on first aid knowledge in both urban and rural schoolchildren.

SECTION 5

Compare the effectiveness of self instructional module on first aid among urban and rural school children.

SECTION 6

Association between the post test knowledge of first aid in urban school children with demographic variables.

SECTION 7

Association between the post test knowledge of first aid in rural school children with demographic variables.

SECTION 1

This section deals with frequency distribution of samples according to the demographic variables

TABLE 1

Frequency and percentage of samples according to selected demographic variables

s.n	Demographic data	Urban children(no=60)		Rural children(no=60)	
		Frequency	%	Frequency	%
1	Age				
	Up to 12years	19	32%	18	30%
	Up to 13 years	16	26%	21	35%
	Up to 14 years	12	20%	9	15%
	Up to 15 years	13	22%	12	12%
2	Sex				
	Male	35	58%	27	45%
	Female	25	42%	33	55%
3.	Education				
	Middle school	35	58%	36	60%
	High school	25	42%	24	40%
4.	Past experience regarding first aid knowledge				
	Yes	55	92%	51	85%
	No	5	8%	9	15%
5.	Exposure to Media regarding first aid knowledge				
	Television or radio	12	20%	25	42%
	From school	47	78%	33	55%
	Magazines	1	2%	2	3%
6.	Father education				
	Illiterate	10	17%	7	12%

	Primary	16	26%	18	30%
	Secondary	28	47%	27	45%
	Graduate	6	10%	8	13%
7.	Mother education				
	Illiterate	13	22%	9	15%
	Primary	23	38%	13	22%
	Secondary	18	30%	26	43%
	Graduate	6	10%	12	20%
8.	Father occupation				
	Medical field	0	0%	0	0%
	Engineering field	4	6%	10	17%
	Farmer	28	47%	22	36%
	Others	28	47%	28	47%
9.	Mother occupation				
	Medical field	0	0%	0	0%
	Engineering field	1	2%	0	0%
	House wife	37	61%	31	52%
	Others	22	37%	29	48%

Table 1 shows the summary of demographic variables of samples. Each variable explain the following .Distribution of children according to age shows that 19,18(32%,30%), 16,21(26%,35%),12,9(20%,15%), 13,12(22%,20%) were in the age group upto 12years, up to 13years, up to 14years,up to 15 years in urban and rural group respectively. Regarding sex in urban school children male 35(58%), female 25(42%) in rural school male 27(45%) female33(55%) respectively.

Regarding the education of urban school children middle school 35(58%) , high school 25(42%) likewise in rural middle school 36(60%).high school 24(40%).

Regarding the previous knowledge regarding first aid in urban 55(92%) no 5(8%) and in rural 51(85%) no knowledge 9(15%).Regarding exposure to media on first aid 12,25(20%,42%) ,25.33(40%,55%) , 1,2(2%.3%) of children were in television and radio, from school, from magazine and news paper in urban and rural samples respectively

Regarding the father education of urban school children illiterate 10,(17%),primary 16(26%),secondary28(47%) and graduate 6 (10%) among rural school children 7 (12%),18(30%), 27(45%),8(13%) and mother education were illiterate13,9(22%,15%),primary23,13(38%,28%),secondary education 18,26(30%,43%) and graduate6,12(10%,20%) in urban and rural people respectively.

Regarding the father occupation of selected sample of school children medical field 0%,Engineering field 4,10(6%,17%),farmer 28,22(47%,36%),others 28,28(47%,47%) in urban and rural school children respectively .Regarding the mother occupation in medical and engineering field was 0% house wife 37,31,(61%52%) other occupation are 22,29(37%,48%) in urban and rural school children.

FIGURE-2; DISTRIBUTION OF SAMPLES FOR URBAN AND RURAL SCHOOL CHILDREN IN TERMS OF AGE IN YEARS

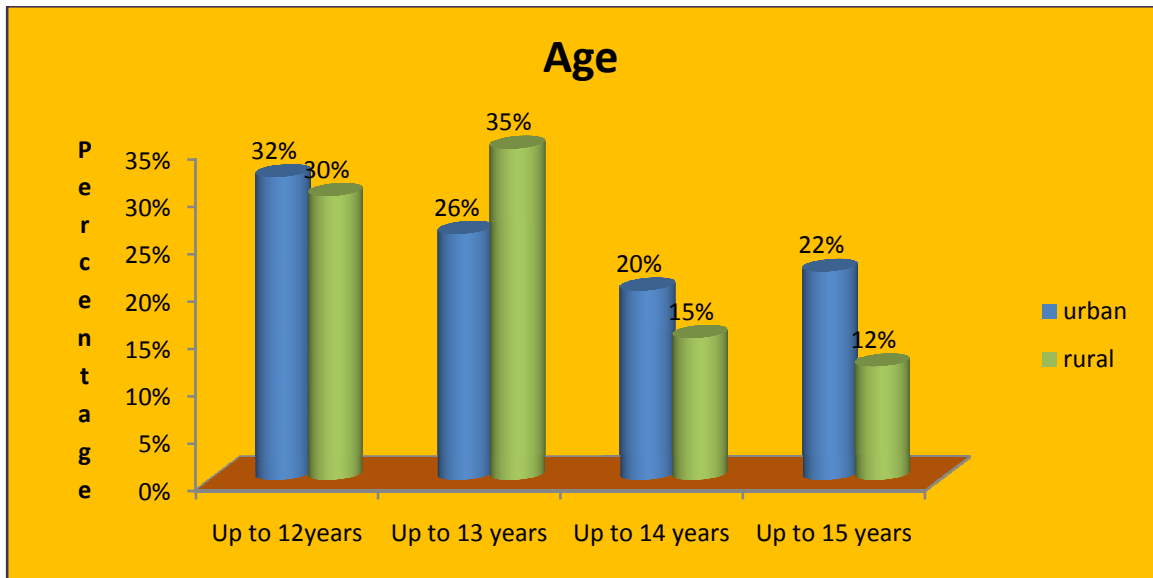


FIGURE-3 DISTRIBUTION OF SAMPLES FOR URBAN AND RURAL CHILDREN IN TERMS OF GENDER

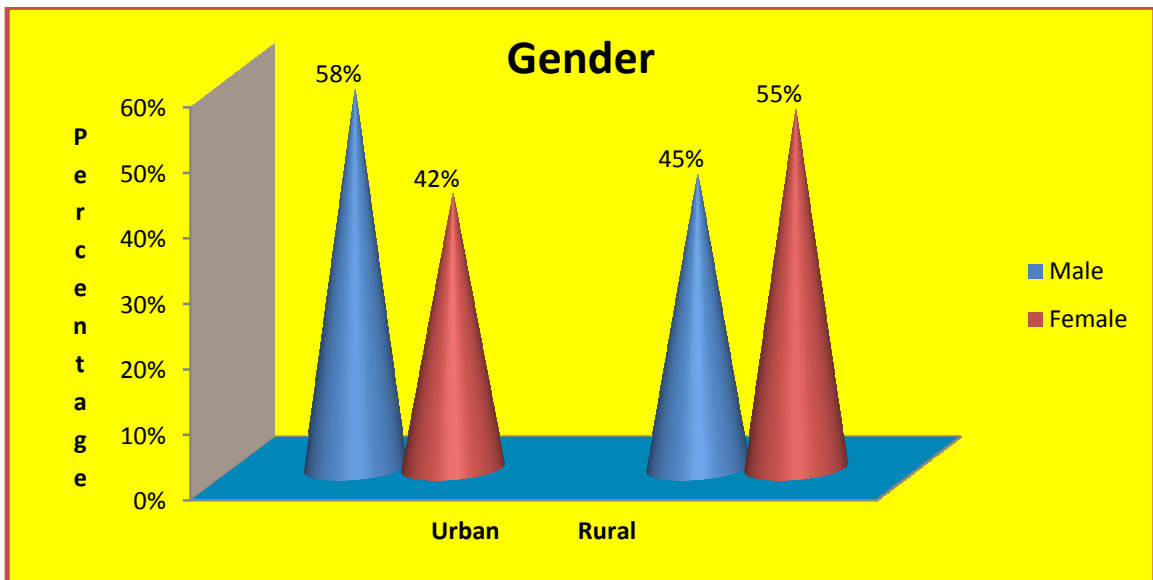


FIGURE 4: DISTRIBUTION OF THE SAMPLE IN TERMS OF EDUCATIONAL STATUS OF CHILDREN

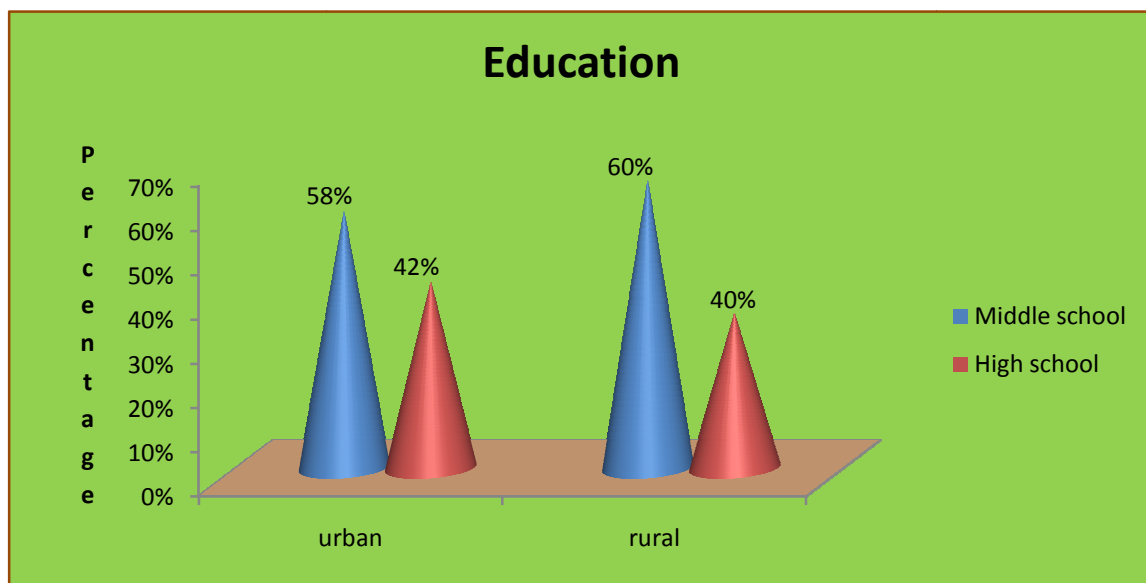


FIGURE- 5 DISTRIBUTION OF THE SAMPLE IN TERMS OF PREVIOUS EXPOSURE TO KNOWLEDGE

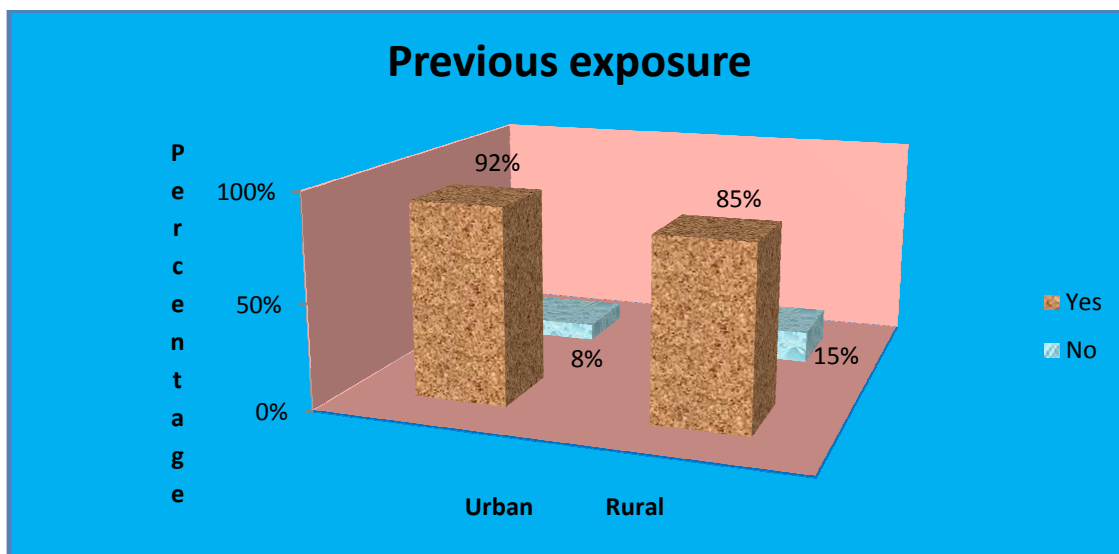


FIGURE-6 DISTRIBUTION OF SAMPLES FOR URBAN AND RURAL CHILDREN REGARDING EXPOSURE TO MEDIA

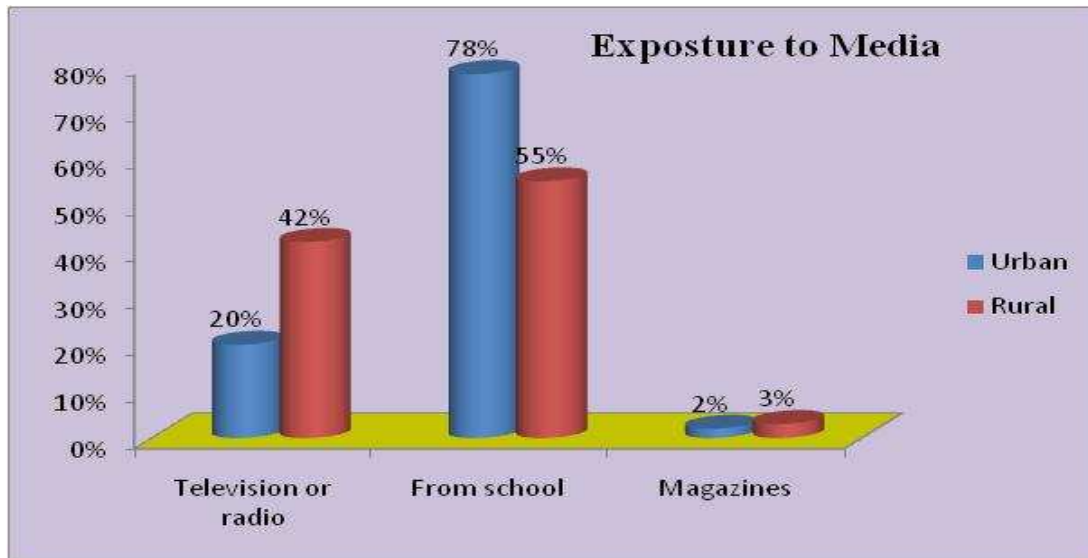


FIGURE 7 :DISTRIBUTION OF SAMPLE OF URBAN AND RURAL SCHOOL CHILDREN IN TERMS OF FATHER EDUCATION

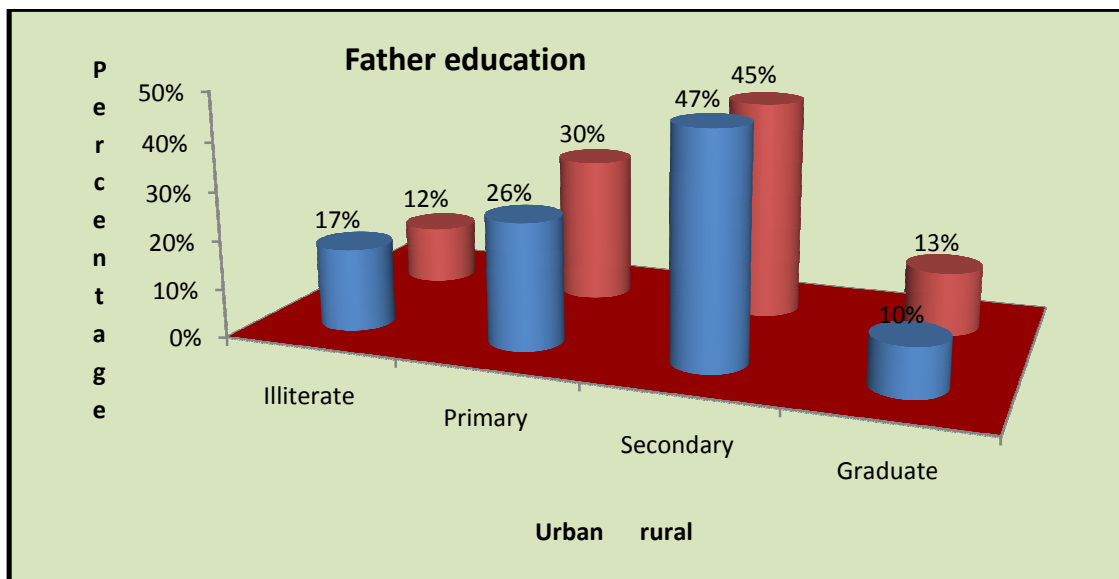


FIGURE-8:DISTRIBUTION OF SAMPLEOF URBAN AND RURAL SCHOOL CHILDREN IN TERMS OF MOTHER EDUCATION

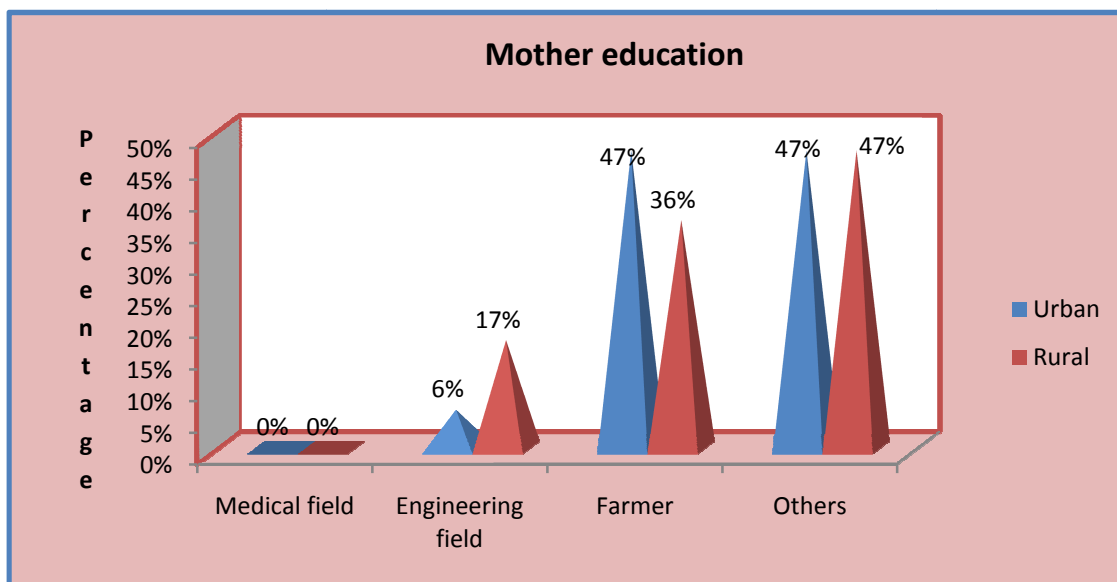
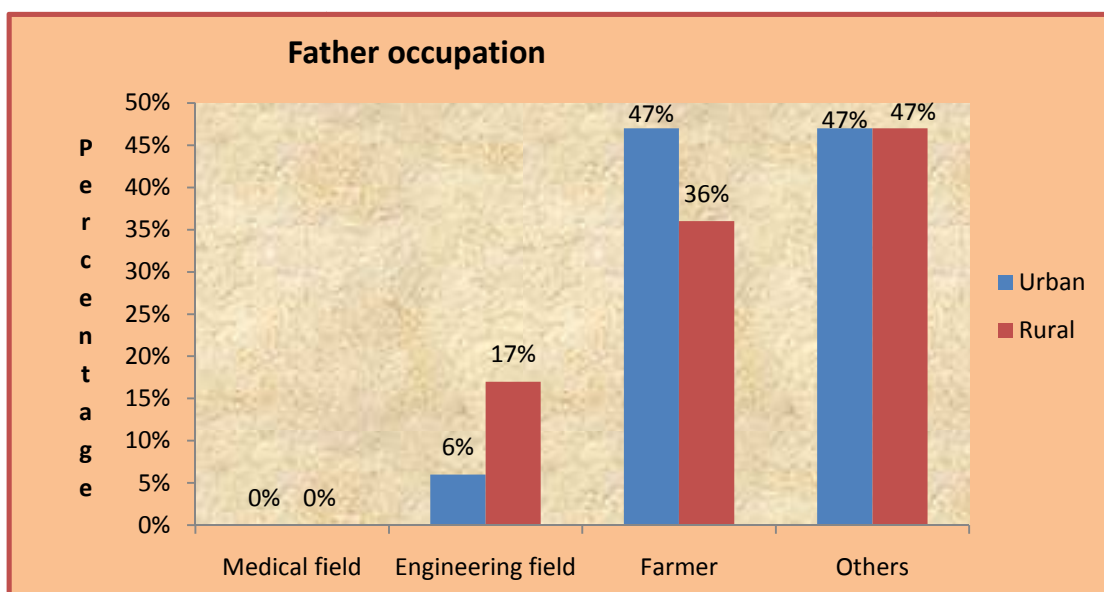
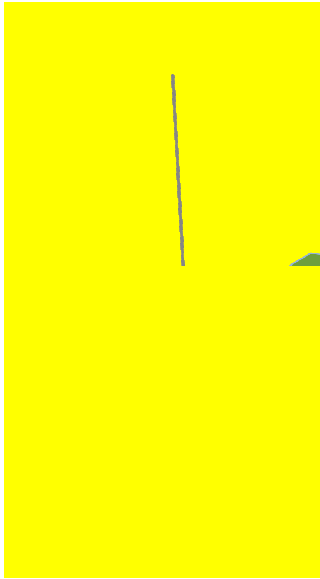


FIGURE-9 :DISTRIBUTION OF SAMPLEOF URBAN AND RURAL SCHOOL CHILDREN IN TERMS OF FATHER OCCUPATION



**FIGURE-10 :DISTRIBUTION OF
CHILDREN IN TERMS OF**



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**FIGURE-2; DISTRIBUTION OF SAMPLES FOR URBAN AND RURAL SCHOOL CHILDREN
IN TERMS OF AGE IN YEARS**

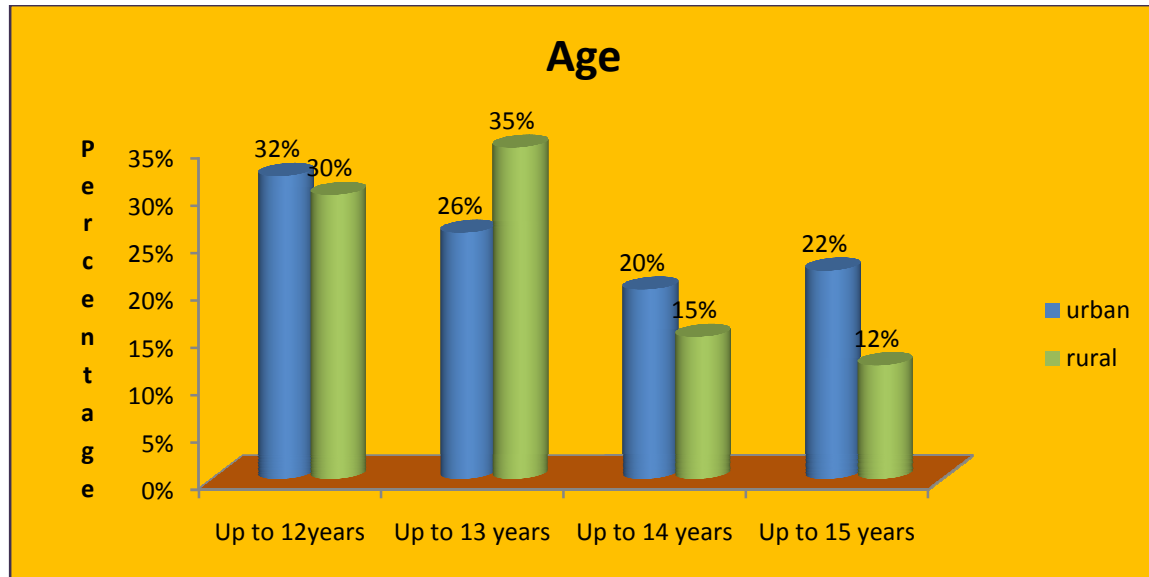


FIGURE-3 DISTRIBUTION OF SAMPLES FOR URBAN AND RURAL CHILDREN IN TERMS OF GENDER

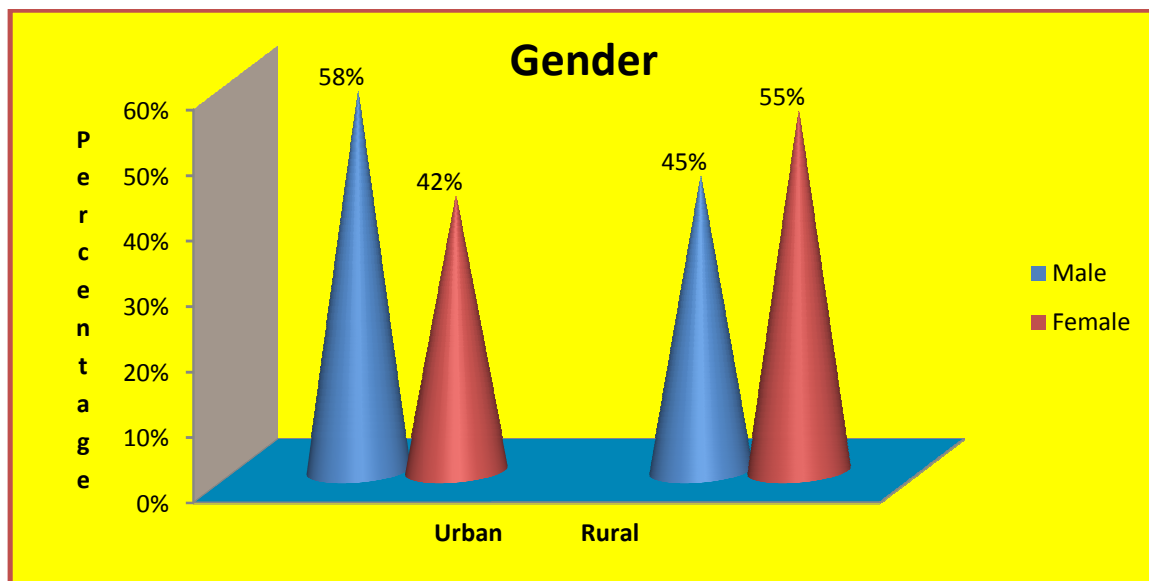


FIGURE 4: DISTRIBUTION OF THE SAMPLE IN TERMS OF EDUCATIONAL STATUS OF CHILDREN

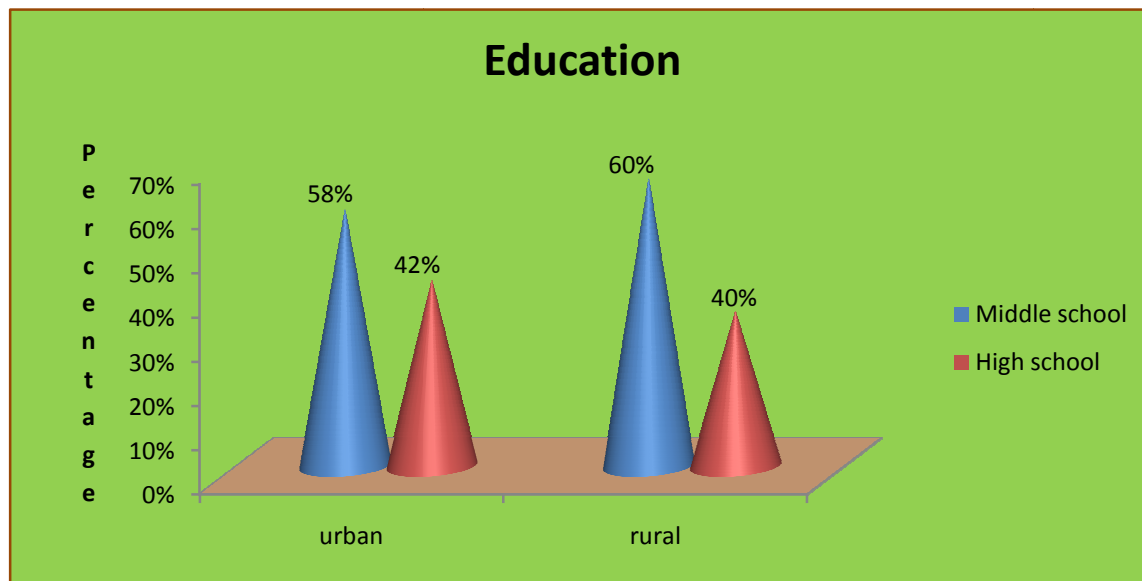


FIGURE- 5 DISTRIBUTION OF THE SAMPLE IN TERMS OF PREVIOUS EXPOSURE TO KNOWLEDGE

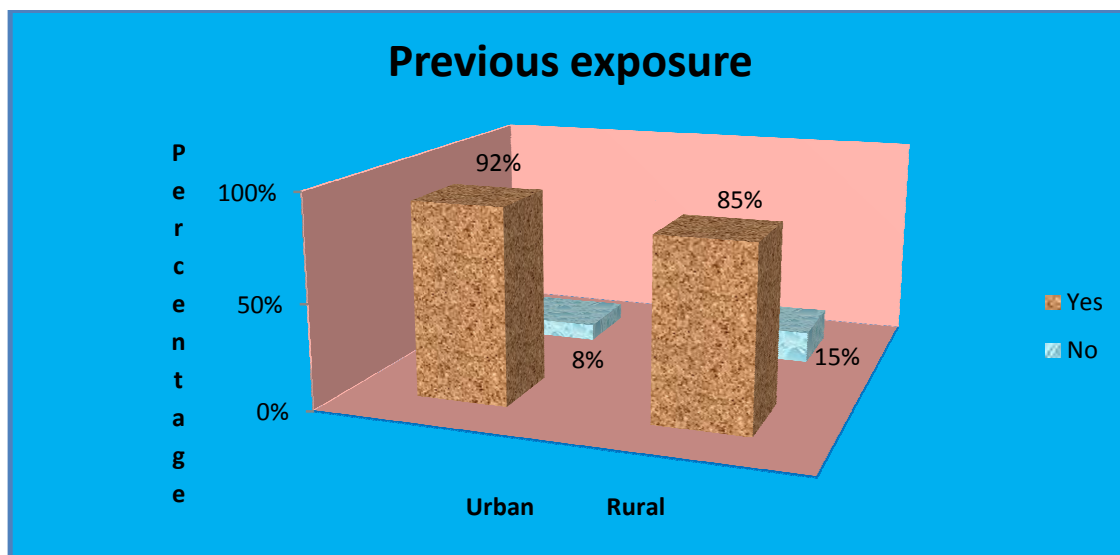


FIGURE-6 DISTRIBUTION OF SAMPLES FOR URBAN AND RURAL CHILDREN REGARDING EXPOSURE TO MEDIA

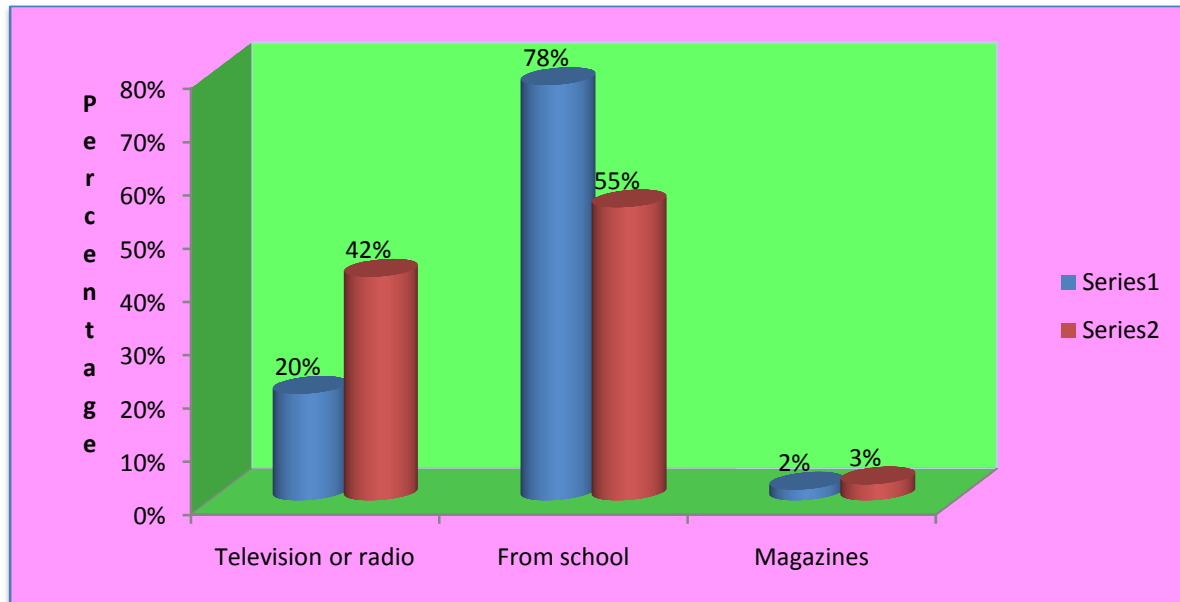


FIGURE 7 :DISTRIBUTION OF SAMPLEOF URBAN AND RURAL SCHOOL CHILDREN IN TERMS OF FATHER EDUCATION

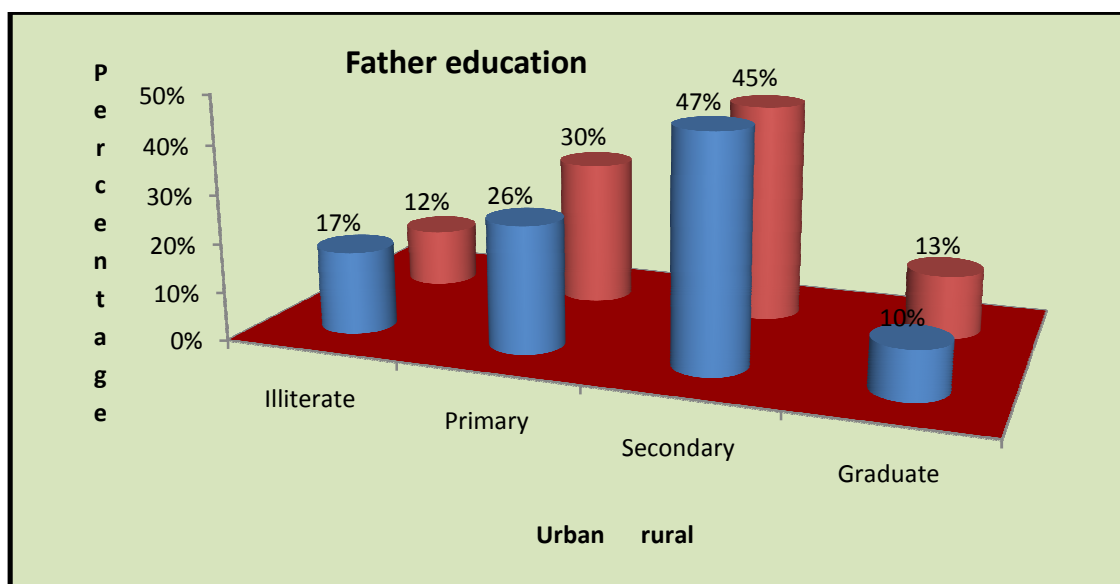


FIGURE-8:DISTRIBUTION OF SAMPLE OF URBAN AND RURAL SCHOOL CHILDREN IN TERMS OF MOTHER EDUCATION

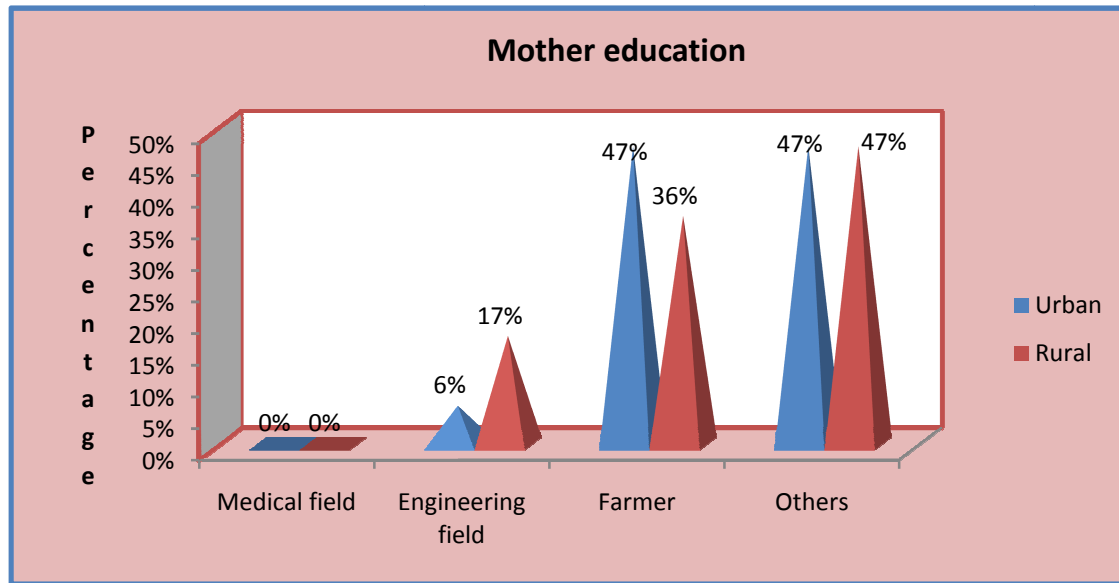


FIGURE-9 :DISTRIBUTION OF SAMPLE OF URBAN AND RURAL SCHOOL CHILDREN IN TERMS OF FATHER OCCUPATION

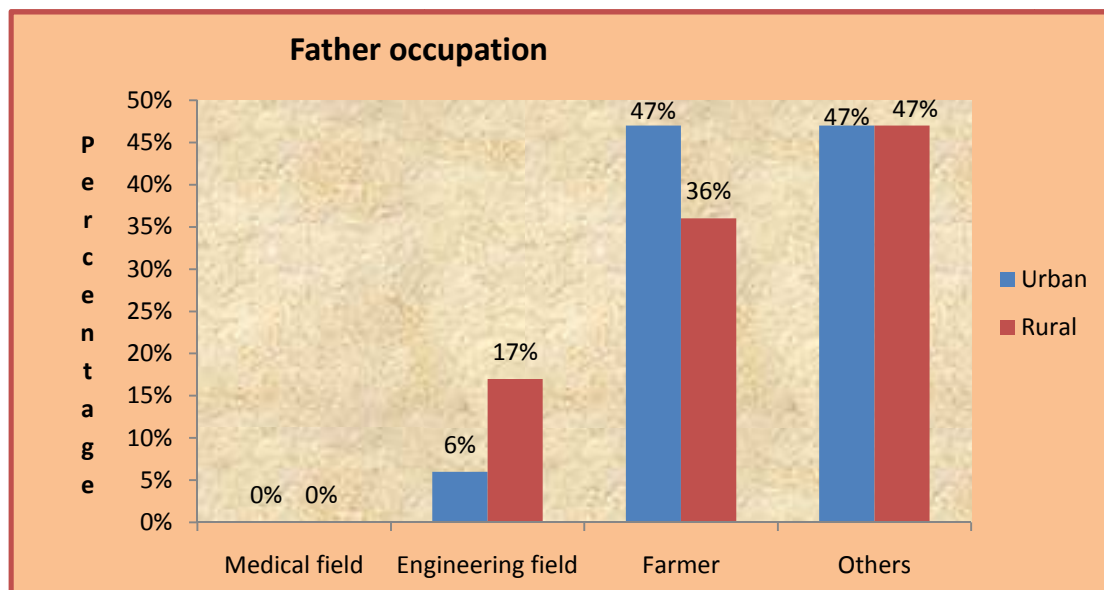


FIGURE-10 :DISTRIBUTION OF SAMPLE OF URBAN AND RURAL SCHOOL CHILDREN IN TERMS OF MOTHER OCCUPATION

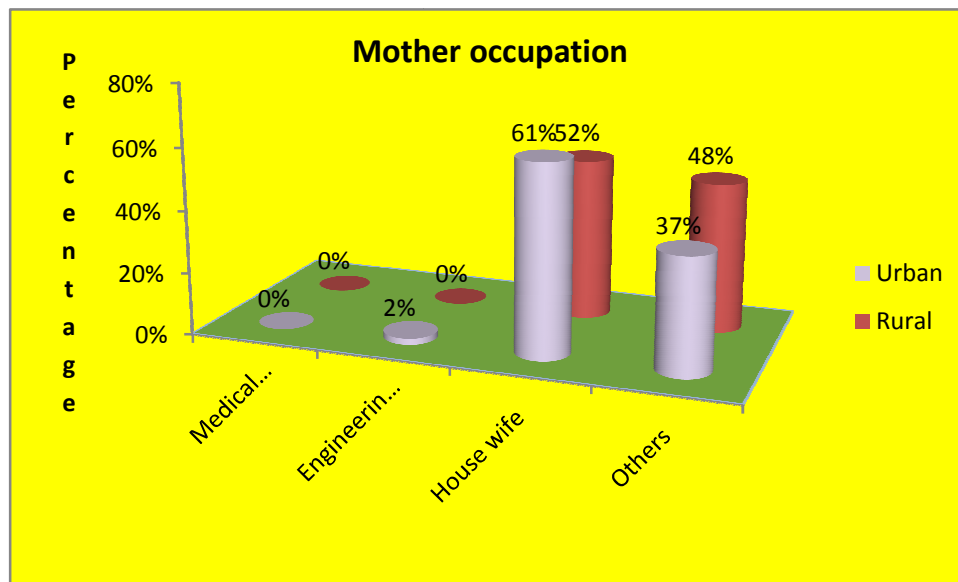


FIGURE 11-DISTRIBUTION OF PRETEST AND POSTTEST KNOWLEDGE AMONG URBAN SCHOOL CHILDREN

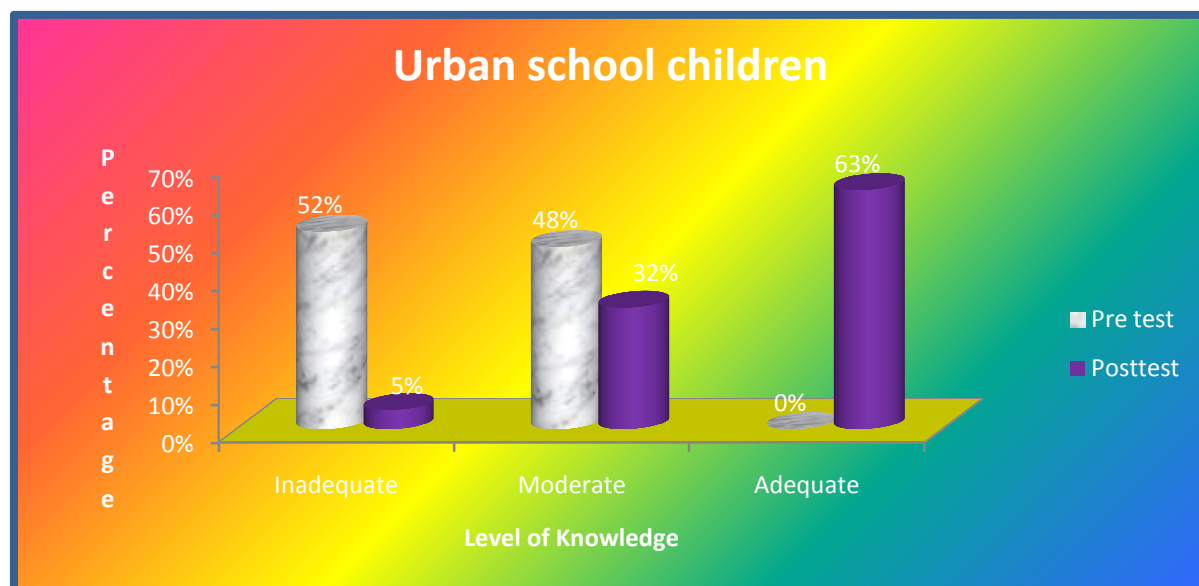


FIGURE 12-DISTRIBUTION OF PRETEST AND POSTTEST KNOWLEDGE AMONG URBAN SCHOOL CHILDREN

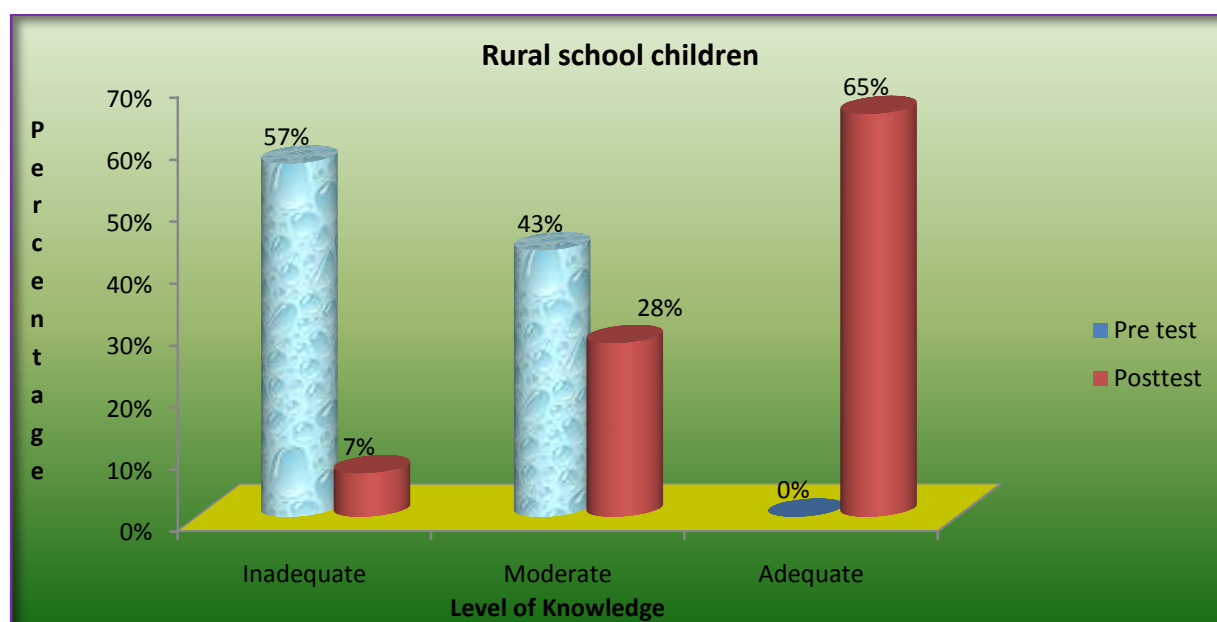
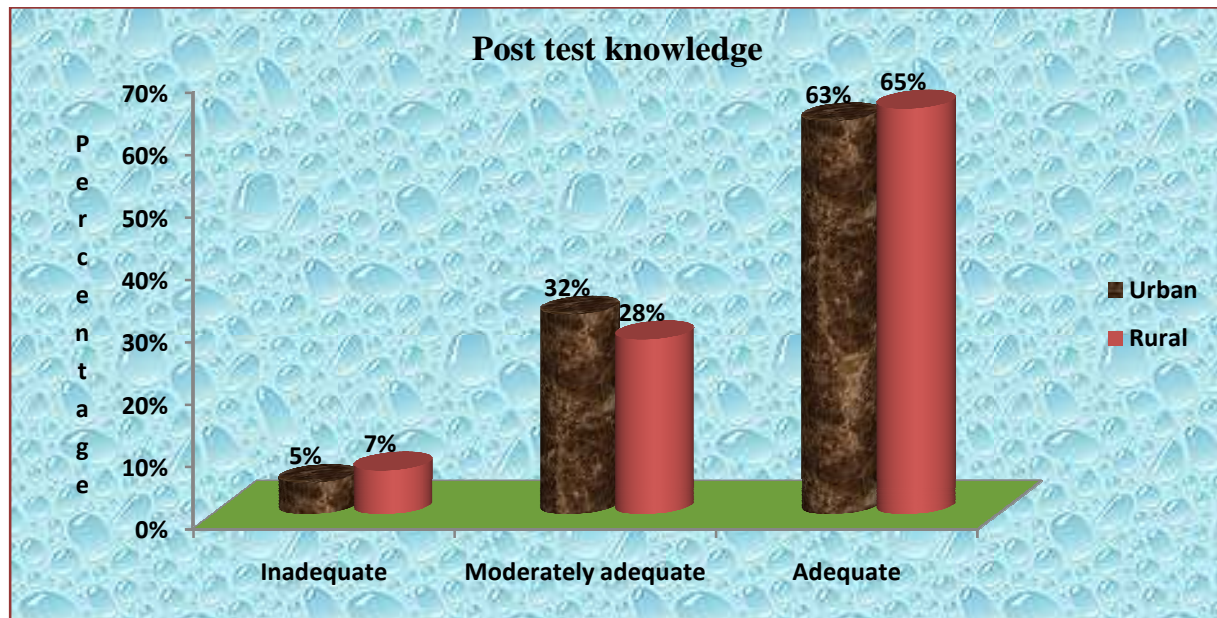


FIGURE-13 COMPARISON OF POSTTEST KNOWLEDGE AMONG URBAN AND RURAL SCHOOL CHILDREN



CHAPTER-V

DISCUSSION

The aim of the study is to determine the effectiveness of instructional module regarding first aid knowledge among the school children. A quantitative research approach was used to collect the data. 60 children from town school at Sivagangai and 60 children from rural school at Rajagambiram were engaged to compare the existing level of knowledge of first aid in both urban and rural school children by using the semi structured questionnaire. The content validity and reliability was established for entire tool. The pilot study was done on six children from urban and six children from rural who met the inclusion criteria.

The findings of the study have been discussed with the reference to the objective, the framework and hypothesis stated for the study.

The objectives of the study were;

1. To assess the existing level of knowledge on first aid among urban and rural school children.
2. To find out the effectiveness of self Instructional module on first aid among urban and rural school children
3. To compare the post test knowledge of urban and rural school children.
4. To find out the association between knowledge regarding first aid among urban school children and selected demographic variables like age , sex, class, exposure to media, past experience, parent education and occupation.

5. To find out the association between the knowledge regarding first aid among rural school children and selected demographic variables like age, sex , class, exposure to media, past experience, parent education , and occupation.

1. To assess the existing level of knowledge on first aid among urban and rural school children

The study result shows that the existing level of knowledge regarding first aid, 31(52%) urban school children had inadequate knowledge, 29(48%) of them had moderately adequate knowledge and 0% of them had adequate knowledge. In rural school children 34(57%) of them had inadequate knowledge 26(43%) of them had moderately adequate knowledge and 0% of them have adequate knowledge.

The British Red cross said pupils need first aid training and said 90% of school children should do first aid, Pupil aged 11 to 14 years can learn basic emergency first aid. But St.John Ambulance 2007 train children aged between 7 and 16 in school in all emergency first aid. **(BBC News 2006).**

2. To find out the effectiveness of self instructional module on first aid among urban and rural school children

This study determines the effectiveness of first aid knowledge after given the instructional module .The study shows that the urban school children 3(5%) had inadequate knowledge, 19 (32%) had moderately adequate knowledge , 38(63%) had adequate knowledge .In the rural school 4(7%) had inadequate knowledge, 17(28%) had moderately adequate knowledge and 39(65%) had adequate knowledge.

Result shows that children were gained knowledge on first aid therefore they can give first aid after the incidence such as fire and burns, drowning, epistaxis, dog bite, fall and injury, seizure, snake bite and insect bite.

The findings were supported by **Duperrex et al., 2008** did a study to determine effectiveness of educational intervention that target children and adolescents in reducing the dog bite injuries and its consequences under 20yrs of age groups. This study reveals that educational programme can reduce dog bites rate and improve their knowledge attitude and behaviors towards dogs.

3. To compare the knowledge on first aid of urban and rural school children after the self instructional module

Researcher formulated the null hypothesis to prove the researcher hypothesis.

Ho: There is no significant difference between the level of knowledge regarding first aid among urban and rural school children.

H1: There is a significant difference between the level of knowledge regarding first aid among urban and rural school children

Table 5 shows that knowledge of urban and rural school children was compared by 't' test by statistical analysis. The school children showed the significant difference in the level of knowledge regarding first aid. Urban school children had comparatively higher knowledge than the rural school children. The study showed that there was a significant difference in mean score between urban and rural school children. The mean post test knowledge score of urban school children (85) is significantly higher than the mean score of rural school children (80).

The difference between the urban and rural school children knowledge were calculated ,the 't' value is 2.33 .The obtained 't' value is greater than the table value at 0.05 level of significance.

Hence the researcher rejects the null hypothesis and accepts the research hypothesis that there is a significance difference between urban and rural school children in their level of knowledge.

The findings were supported by **Singh AJ Kaur** a study to assess the knowledge and practices regarding management of minor injuries among high school children of urban (112) and rural (110) area at Chandigarh were surveyed .A variety of local application for wound were described .Washing wound with water , turmeric powder and need for ointment, dettol and need for T.T immediately after washing were rural students told about use of mustard oil and talcum powder. This study reveals that need of relevant health education is emphasized.

4.To find out the association between the demographic variables and post test of first aid knowledge of urban school children

The hypothesis presumes that there will be a significant association between the demographic variables and post test knowledge. In this study there is a significant association between the post test first aid knowledge and demographic variables such as age ($\chi^2=23.27$, $p>12.59$),sex ($\chi^2 =9.69$, $p>5.59$),education ($\chi^2=0.44$, $p>5.99$),past experience regarding first aid knowledge($\chi^2 =1$ $p <5.99$).exposure to media regarding first aid knowledge

($\chi^2 = 27.96$, $p > 9.49$), father education ($\chi^2 = 9.6$, $p < 12.59$), mother education ($\chi^2 = 4.3$, $p < 12.59$), father occupation ($\chi^2 = 2.68$, $p < 12.59$), mother occupation ($\chi^2 = 6.25$, $p < 12.59$). In this study significant association between the age, sex, educational status of children, exposure to media to gain first aid knowledge. Here most of the children fathers are working as farmers and other ordinary jobs. Therefore they may be aware of first aid practices of burns, snake bites and gaining knowledge by learning first aid measures for fire and burns and rabies in their syllabus.

However there are supportive studies to support these findings but the researcher is of the view that high school children are more aware of first aid practices than middle school children and able to ask and clarify their doubts in the teaching session and in then discussions with other students.

5. To find out the association between the demographic variables and post test of first aid knowledge of rural school children

The hypothesis presumes that there will be a significant association between the demographic variables and post test knowledge. In this study there is a significant association between the post test first aid knowledge and demographic variables such as age ($\chi^2 = 0.22$, $p > 12.59$), sex ($\chi^2 = 30.84$, $p > 5.59$), education ($\chi^2 = 10.92$, $p > 5.99$), past experience regarding first aid knowledge ($\chi^2 = 5.46$, $p < 5.99$), exposure to media regarding first aid

knowledge ($\chi^2=23.95$, $p>9.49$), father education ($\chi^2=9.83$, $p<12.59$), mother education ($\chi^2=22.61$, $p>12.59$), father occupation ($\chi^2=10.65$, $p<12.59$), mother occupation ($\chi^2=9.64$, $p<12.59$).

In this study significant association between the demographic variables such as age, sex, educational status of children, exposure to media to gain first aid knowledge, mothers education and posttest knowledge of first aid. Here most of the children fathers are working in as a farmer and other job comparing to professional therefore they may aware of first aid practices of burns, snake bite, insect bite, and drowning.

CHAPTER-VI

SUMMARY AND RECOMMENDATIONS

This chapter deals with the summary of the study and conclusions .It clarifies the implications for nursing practice and recommendations for further research in the field.

SUMMARY

The aim of the study is to find out the existing level of knowledge regarding first aid and to determine the effectiveness of instructional module on first aid such as fire and burns, drowning, epistaxis, dog bite, fall and injury, seizure, snake bite, and insect bite among urban and rural school children.

A review of related literature enabled the researcher to develop the semi structured questionnaire, conceptual framework, methodology for the study. The conceptual framework adopted for this study was based on Von Bertalanffy model which focuses on assessing the existing level of knowledge regarding first aid and improve the knowledge through instructional module in both urban and rural school children. The researcher evaluates the result by the grading adequate, moderately adequate and inadequate knowledge and planned to repeat the self teaching module those who are in inadequate and moderate knowledge.

The quantitative research approach was adopted to conduct a study. Quasi experimental design was adopted to determine the effectiveness of self instructional module. The sampling techniques were simple random

sampling by lottery method. The samples were collected from urban at Sivagangai St.Joseph higher secondary school and the rural school at Rajagambiram St.Mary's higher secondary school .The sample size were 120 children of which 60 samples were from urban school and the remaining 60 samples from rural school were engaged on the basis of inclusion criteria. The data were collected in such a way to project the demographic variables also a semi structured questionnaire was prepared by the investigator to evaluate the knowledge regarding specific first aid measures.

MAJOR FINDINGS OF THE STUDY

- In urban school children 52% of them had inadequate knowledge, 48% had moderately adequate knowledge and none of them have adequate knowledge before the self instructional module.
- In rural school children 57% of them had inadequate knowledge, 43% had moderately adequate knowledge and none of them have adequate knowledge before the self instructional module.
- The urban school children were 63% adequate knowledge, 32% had moderately adequate knowledge, 5% had inadequate knowledge after given the self instructional module.
- The rural school children were 65% adequate knowledge, 28% had moderately adequate knowledge, 7% had inadequate knowledge after given the self instructional module.

- When comparing the mean posttest knowledge among urban school children (85) is higher than the mean (59) pretest level of knowledge.
- When comparing the mean posttest knowledge among rural school children (80) is higher than the mean (57) pretest level of knowledge.
- On comparison the mean posttest (85) knowledge score of urban school children is higher than that of the (80) rural school children.

IMPLICATIONS

First aid is one of the important measures among school children to save the life. In order to prepare the school children for this event it is essential to know about first aid .There is a need for health personnel to take active part in saving the life of the victim in emergency situations

The findings of the study have implications in various areas of nursing and nursing practice ,nursing education, nursing administration and nursing research.

IMPLICATIONS FOR NURSING PRACTICES

- ♠ The school health nurses can train the teachers to practice first aid measures in emergency to save the life of the children.
- ♠ The nurses come across people of all age group during their course of study as well as services. It is one of the responsibilities of a nurse to

equip herself with updated knowledge of self care practices and life saving measures in first aid practices .So that she will be able to impart her knowledge to school children.

- ♠ The nurse educator with the help of educational department to revise the curriculum and to give importance on certain aspect of first aid school authority's conduct parent teacher meetings in which she can explain the importance of teaching the school children regarding first aid measures and its importance to safeguard the community
- ♠ School health programme includes all activities that contribute to the initiation, maintenance, and improvement of the health of school children and the growing community needs. These include health learning and health practices during school hours and health services through
 - Child guidance clinic
 - Child to child approach programme
 - Periodical camp to updating the knowledge
 - Training the children through junior red cross and other health organization.




IMPLICATION OF NURSING EDUCATION

- Education on first aid helps the nursing students to prepare themselves and school children to be a good first aider.
- During basic education ,assignment may be given to the students to find out the knowledge level of children in first aid activities while

the school health services. After assessing the needs of the children an objective should be set that all the school children in that particular school will be provided awareness regarding first aid.

- Nurses at post graduate level need to develop various skills in preparing the materials for health teaching according to the participant level.
- Nurse educator should plan and conduct short term continuing education courses under the guidance of Red cross and St. John ambulance for nurses working in hospital and community set up to improve learning experience in first aid.

IMPLICATION FOR NURSING ADMINISTRATION

-  The nurse administrator should take interest in providing information on first aid measures in order to make them understand that important of safety needs. It can be done in hospital as well as in community setting.
-  The nurse administrator should plan to organize educational programmes for nursing personnel in order to prepare them to impart knowledge to school children.
-  It is the responsibility of a nurse educator to motivate the nursing personnel to participate and conduct health education programmes on various aspect of health.

IMPLICATIONS OF NURSING RESEARCH

- The result of the present study shows the apparent knowledge deficit of the school children regarding first aid measures and it high lights the effectiveness of instructional module on first aid measures.
- Research should focus on the behavioral modification after teaching the programme to find the effectiveness.
- The nurse researcher should focus on conducting research to find out the knowledge level of the school children and make use of new methods of teaching , focusing on interest , quality and cost effectiveness.
- The newer methods of impacting health information will be effective if empirically tested.

RECOMMENDATIONS FOR FURTHER RESEARCH

On the basis of the study findings, it is recommended that

- ♣ A similar study can be conducted by using large samples to generalize the findings at urban or rural level.
- ♣ A study can be conducted among the same population after introducing the instructional module.
- ♣ A study can be conducted among parents and school teachers to reveal the existing level of knowledge regarding first aid.
- ♣ Training programmes for the students are in high school regarding first aid practices and its importance.

CONCLUSION

Learning first aid is the civic responsibility of each citizen. Since most of the injuries occur around the home and school environment due to various hazards and improper use of equipments in day today life-the most effective means of prevention is educating the parents ,children and public regarding first aid measures and its importance .The study result reveals that the planned video teaching and self instructional module regarding first aid measures are very effective in gaining knowledge, which will enable them to apply the knowledge both in home and school environment.

Humanity plays an important role to render care with intuition immediately at the spot of incidence; it should be a spontaneous tendency of every citizen. By educating the children it is hoped that they will apply this knowledge throughout their life time, which will be a great service to the society.

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APPENDIX I

THE LETTER SEEKING EXPERTS OPINION FOR CONTENT VALIDITY OF TOOL

From

Mrs.Sharala Mary,
M.sc (Nursing) II year,
Matha college of Nursing,
Manamadurai.

To

Respected Madam/Sir,

SUB : Requesting experts opinion and suggestion for content validity of the tool.

I am Master Degree Nursing student in Matha college of Nursing Manamadurai. In partial fulfillment in Master |Degree in Nursing, I have selected the topic mentioned below for the research project to be submitted to the Dr.M.G.R Medical University Chennai.

PROBLEM STATEMENT

A STUDY TO DETERMINE THE EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE ON FIRST AID AMONG SCHOOL CHILDREN (11 TO 15 YEARS) IN SELECTED SCHOOLS AT SIVAGANGAI DISTRICT TAMILNADU.

I request you to kindly validate the tool and give your opinion and necessary modification. Also I would be very grateful if you could correct the problem statement and objectives.

ENCLOSURES:

- a) Statement of the problem
- b) Objectives
- c) Research Hypothesis
- D) Description of tool Part 1: Demographic variables,

Part2:First aid Questionnaire

Thanking you,

Place:Manamadurai

Yours sincerely,

Date :

Mrs.Sharala Mary.D

APPENDIX-III

LETTER SEEKING PERMISSION TO CONDUCT A STUDY

To

Respected Sir/Madam,

Sub: Research Project work of Msc Nursing Student in selected classes

(6th to 10th standard)

I am to state that Mrs.Sharala Mary is one of our final year Msc Nursing student ,of Matha College of Nursing, Manamadurai has to conduct a research project as the partial fulfillment of University requirements for the degree of Master of science in Nursing.

THE STATEMENT OF THE PROBLEM IS:

A STUDY TO DETERMINE THE EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE ON FIRST AID AMONG SCHOOL CHILDREN (11 to 15 yrs) IN SELECTED SCHOOLS AT SIVAGANGAI DISTRICT, TAMILNADU.

We request you to kindly permit her to do the research in your esteemed institution and give your valuable guidance and suggestions.

Thanking you,

Place: Manamadurai,

Yours faithfully,

Date:

Prof.Jebamani Augustine Msc (N)
Principal.

APPENDIX IV

DEMOGRAPHIC DATA

SECTION 1

Instruction: Read the following item carefully and complete the item by placing tick mark.

CHILD PROFILE;

Name:

Place of School: Urban / Rural

1. AGE

- a) Up to 12 yrs
- b) Up to 13 yrs
- c) Up to 14 yrs
- d) Up to 15yrs

2. SEX

- a) Male
- b) Female

3. EDUCATION

- a) Middle school
- b) High school

4. PAST EXPERIENCE REGARDING KNOWLEDGE OF FIRST AID

- a) Yes
- b) No

5. EXPOSURE TO KNOWLEDGE REGARDING FIRST AID FROM

- a) Television or radio
- b) From school
- c) Magazine

PARENT PROFILE

1. FATHER EDUCATION

- a) Illiterate
- b) Primary
- c) Secondary
- d) Graduate

2. MOTHER EDUCATION

- a) Illiterate
- b) Primary
- c) Secondary
- d) Graduate

3. FATHER OCCUPATION

- a) Medical field
- b) Engineering field
- c) Farmer
- d) Others

4. MOTHER OCCUPATION

- a) Medical field
- b) Engineering field
- c) Housewife
- d) others

Section - 2

KNOWLEDGE ASSESSMENT

SEMI STRUCTURED QUESTIONARIE FOR FIRST AID

INTRODUCTION TO FIRST AID

1. What you mean by the term first Aid ?
 - a) Permanent treatment
 - b) Calling others
 - c) Immediate humanitarian help to save the life
 - d) Transfer the victim to the hospital

2. What is Symbol and colour of the First aid box is
 - a) Gray box with blue cross
 - b) Yellow box with blue cross
 - c) White cross with green background
 - d) White box with red cross

3. What does the First aid kit contain?
 - a) Gauze, cotton, medicine, Iv infusion set
 - b) Blanket and sheets
 - c) Powder, oil, comb
 - d) Blood and blood products

4. What are the initial rules of first aid?
 - a) Maintain patent airway
 - b) Stop bleeding
 - c) Treat shock
 - d) All the above

5. What are the sources of gaining knowledge
- a) Medical personnel only
 - b) Teachers only
 - c) Senior peoples
 - d) Persons who know the First aid measures
6. How can we gain knowledge regarding First Aid?
- a) From family members
 - b) From teachers
 - c) Mass media and voluntary health agencies
 - d) All the above

FIRE AND BURNS

7. What will be your first action while seeing a victim on fire accident?
- a) Usage of Fire extinguisher
 - b) Rolling the person here and there on the floor
 - c) Cover the person with blanket or sack cloth and hold tightly
 - d) Pour the clean water
8. After stopping the burning process from the person what will you do as a first step?
- a) Apply ointment
 - b) Cool the burned area with large amount cool running water
 - c) Keep the ice pack over the burned area
 - d) Remove the burned skin
9. What happens in burns?
- a) Breaking off the skin
 - b) Changing colour of the skin
 - c) Soft tissue injury
 - d) None
10. What are the types of burns?
- a) Thermal and electrical burns
 - b) Chemical burns
 - c) Sun burns
 - d) All the above

11. What precautions to be taken while doing electrical work
- a) Wearing rubber chapel and gloves
 - b) The hand and dress should be dry
 - c) Check the current supply and leakage from the wire
 - d) All the above
12. How will you rescue the person from electrical shock?
- a) With the use of wooden stick or rubber
 - b) Pouring the water
 - c) Pulling the person with bare hand
 - d) Making sound and calling other person
13. What will you do if acid is split on your hand?
- a) Wipe the acid with cloth
 - b) Flush the skin with large amount of cool running water
 - c) Wash with soap water
 - d) Wash with hot water
14. What are the preventive measures you will follow to protect you from sunburns
- a) Wear proper long sleeved clothing
 - b) Apply sunscreen lotions in the exposed areas
 - c) Avoid exposure to sunlight between 10am to 2pm
 - d) All the above

DROWNING

15. Drowning means
- a) Swimming in the pool
 - b) Deep immersion into water
 - c) Deep immersion into soil
 - d) Putting the extremities in the water
16. The common areas of Drowning are
- a) Pool and ponds
 - b) River
 - c) Open tank, well and bath tub
 - d) All the above

17. Drowning occurs due to
- a) Deep mud in the pond
 - b) Unknown to swim
 - c) Lack of primary caregiver supervision
 - d) All the above
18. What will happen while drowning?
- a) Inhale water only
 - b) Exhale air and inhale water
 - c) Inhale air only
 - d) Inhale air and exhale water
19. What position will be provided for a person after Drowning?
- a) Prone position
 - b) Supine position
 - c) Side lying position
 - d) Sitting
20. What is the First Aid measure for drowning?
- a) Provide comfortable position
 - b) Press the abdomen and expel the water outside
 - c) Transfer the person to hospital
 - d) Check breathing and pulse

EPISTAXIS

21. Why does Nose bleeding occurs
- a) Nasal injury and nasal polyps
 - b) Bleeding disorder
 - c) Pinching the nose vigorously
 - d) All the above
22. What position will you advice while bleeding from the nose
- a) Supine position
 - b) Sitting with leaning forward
 - c) Sitting with leaning backward
 - d) Standing erectly

23. How will you pinch the nostril while nose bleeding
- a) Pinch the nose vigorously
 - b) Pinch the nose softly with soft cloth
 - c) Keep the cotton plug inside and pinch the nose
 - d) All the above
24. What will you do to stop the Nose Bleeding?
- a) Keep the ice cubes over the nose
 - b) Wash with hot water
 - c) Apply ointment
 - d) Pinch the nose tightly for more than 10mts
25. What will you do if bleeding persists more than 5minutes?
- a) Provide complete bed rest
 - b) Continue the First aid measures
 - c) Keep the person comfort
 - d) Hand over the victim to the physician

DOG BITE

26. Which one is the most common domestic animal bite?
- a) Cat bite
 - b) Dog bite
 - c) Rat bite
 - d) None
27. The types of dogs are
- a) Street dog
 - b) Domestic dog
 - c) Pet dog
 - d) All the above
28. What is the first aid measure for dog bite?
- a) Washing the bitten area with soap and water
 - b) Wipe the saliva with cloth
 - c) Wash with water only
 - d) All the above

29. What you meant by rabies
- a) Human bite
 - b) Dog bite
 - c) Animal bite
 - d) Viral infection transfer from dogs to human
30. What are all the signs and symptoms of rabies in human?
- a) Difficult in drinking and swallowing the water
 - b) Vomiting
 - c) Foaming at mouth
 - d) All the above
31. How will you identify the rabies dog?
- a) Barking dog
 - b) Protrusion of tongue with excess salivation
 - c) Street dog
 - d) Bitten Injury present in the dog
32. What will you do for the rabies dog?
- a) Kill the Dog immediately
 - b) Observe the dog for 10days after bite
 - c) Leave the dog
 - d) Observe the dog on the day of bite only
33. The name of vaccine recommended for prevent Rabies
- a) T.T
 - b) Anti Rabies
 - c) Both
 - d) Triple vaccine

SEIZURE

34. Seizure means
- a) Sudden changes in the electrical impulse of the brain
 - b) Loss of sensation
 - c) Absence of respiration
 - d) None

35. Causes of seizure is due to

- a) Infection in the brain and head injury
- b) Change in equilibrium and Neurological problem
- c) Both
- d) None

36. Signs and symptoms of Seizure

- a) Sudden muscle movement with or without loss of consciousness
- b) Fever
- c) Vomiting
- d) Absence of pulse

37. Donts while in seizure

- a) Remove the sharp objects like glass, iron rod
- b) Restrict the movements
- c) Giving water to drink
- d) All the above

38. How did you prevent the tongue bite during Seizure?

- a) Keeping a small cloth above tongue
- b) Keeping the finger
- c) Keep the hard object
- d) Apply plaster tightly over the lip

39. Which position should be provided after seizure?

- a) Lateral position
- b) Supine position
- c) Prone position
- d) None

40. How will you provide ventilation for a seizure person during and after seizure?

- a) Switch on the fan
- b) Opening the windows and doors
- c) Sent the crowd out
- d) All the above

FALL AND INJURY

41. Injury is caused by
- a) Sharp edged object
 - b) Blunt edged object
 - c) Falling and hitting
 - d) All the above
42. How will you control the bleeding from small cut injury?
- a) Elevate the site of injury
 - b) Apply pressure over the bleeding site
 - c) Keep the ice packs over the cuts
 - d) All the above
43. Fall occurs due to
- a) Climbing on heights
 - b) Carelessness while playing
 - c) Outdoor games
 - d) All the above
44. Fall occur common in which age group
- a. Children and old age
 - b. Adolescence
 - c. Both
 - d. Adulthood
45. Do's in cut injury except
- a) Cleaning the site under running water
 - b) Wipe with Antiseptic solution
 - c) Tie the wound with clean cloth
 - d) Clean with soap and water
46. Don'ts in cut injury
- a) Apply coffee powder, turmeric and chili powder
 - b) Press with cow dung, salt, blue ink
 - c) Sucking the blood from the wound
 - d) Wash it under running water

47. Which vaccination is given for injury?
- a) Triple vaccine
 - b) Oral polio vaccine
 - c) Tetanus Toxic(T.T vaccine)
 - d) None
48. In which duration we have to administer T.T vaccine
- a) above 5years of age in every month
 - b) Every 6 month
 - c) Whenever the injury occurs
 - d) Children Every 3month

SNAKE BITE

49. Symptoms of snake bite are except
- a) Pain and swelling
 - b) Dribbling of saliva
 - c) Difficulty in breathing
 - d) Bleeding from the site of bite
50. Don'ts in Snake bite
- a) Sucking the poison from the bitten area
 - b) Keep the ice pack over the wound
 - c) Immobilize the body part
 - d) Keep the person calm and quiet
51. What are all the First Aid measures for snake bite?
- a) Apply tight cloth over the bitten area
 - b) Do not allow the victim to walk
 - c) Both
 - d) Cut the bitten area and expel the blood out
52. What is the name of injection given for Snake bite
- a) Anti venom
 - b) Anti viral
 - c) Anti bacterial
 - d) None

INSECT BITE

53. Which insect bite is more toxigenous and painful
- a) Scorpion
 - b) Spider
 - c) Wasp
 - d) None
54. What are the symptoms of scorpion bite
- a) Excessive salivation and vomiting
 - b) Pain and swelling
 - c) Itching
 - d) Above all
55. First aid measure for scorpion bite
- a) Apply a tourniquet proximal to the site of sting
 - b) Apply ice packs over the site
 - c) Both
 - d) None
56. The blood sucking insect is
- a) Bees
 - b) Wasp
 - c) Leech
 - d) Spider
57. How will you remove the leech from the skin?
- a) Keeping a burning end of match stick to body of leech
 - b) Pour cold water
 - c) Pour hot water
 - d) Apply sugar
58. What is the First aid measure for Leech Bite?
- a) Clean the area with Mentholated spirit
 - b) Apply soda bicarbonate
 - c) Apply calamine lotion on the wound
 - d) All the above

59. What is the first aid measure for Wasp Bite?

- a) Apply soda
- b) Apply vinegar or lemon juice
- c) Apply salt
- d) Apply potassium salt

60. First Aid measure for Bee bite

- a) Apply calamine lotions
- b) Application of soda or Ethylene blue
- c) Apply sugar
- d) All the above

APPENDIX-V

பகுதி -1

சமூக நல விபரம்

கீழே கொடுக்கப்பட்டவைகளை நன்றாக கவனமாக படித்து (✓) சரி என்று இடவும்

மாணவரின் விபரம்

பெயர் :

பள்ளி அமைந்துள்ள இடம் :

கிராமம் :

நகரம் :

1. வயது
அ. பதினொன்று வயதிற்கு மேல் 12 வயதிற்கு உட்பட்ட
ஆ. பதிமூன்று வரை
இ. பதினான்கு வயது வரை
ஈ. பதினைந்து வயது வரை
2. பாலினம்
அ. ஆண்
ஆ. பெண்
3. கல்வி தகுதி
அ. நடுநிலைப்பள்ளி
ஆ. உயர்நிலைப்பள்ளி
4. முதலுதவி அறிவு பற்றிய முன் அனுபவம்
அ. ஆம்
ஆ. இல்லை
5. முதலுதவி பற்றிய விழிப்புணர்வு கிடைத்த இடங்கள்
அ. வானொலி அல்லது தொலைக்காட்சிப்பெட்டி
ஆ. பள்ளியிலிருந்து
இ. செய்திதாள்

பெற்றோரின் விபரம்

1. தந்தையின் கல்வி தகுதி
அ. கல்லாதவர்
ஆ. ஆரம்பக்கல்வி
இ. உயர்நிலைக்கல்வி
ஈ. பட்டபடிப்பு
2. தாயின் கல்வி தகுதி
அ. கல்லாதவர்
ஆ. ஆரம்பக்கல்வி
இ. உயர்நிலைக்கல்வி
ஈ. பட்டபடிப்பு
3. தந்தையின் வேலை
அ. மருந்துவம் சம்பந்தமான தொழில்
ஆ. தொழிற்கல்வி சம்பந்தமான தொழில்கள்
இ. விவசாயம்
ஈ. இதர தொழில்கள்
4. தாயின் வேலை
அ. மருந்துவம் சம்பந்தமான தொழில்
ஆ. தொழிற்கல்வி சம்பந்தமான தொழில்கள்

முதலுதவியின் முக்கியத்துவத்தை பற்றிய அறிவதற்கான கேள்வி படிவம்

கீழே கொடுக்கப்பட்டுள்ள கேள்விகள் முதலுதவியின் முக்கியத்துவத்தைப்பற்றி உங்களுடைய அறிவை சோதிப்பதற்கான கேள்விகள்

முதலுதவி அறிமுகம்

1. “முதலுதவி” என்ற வார்த்தையின் அர்த்தம் என்ன?
அ. நிரந்தரமாக குணமளிப்பது
ஆ. அடுத்தவர்களை உதவிக்கு அழைப்பது
இ. மனிதாபிமானமாக உயிரை காப்பாற்ற உதவி செய்வது
ஈ. மருத்துவமனைக்கு கொண்டு செல்லுதல்
2. முதலுதவி பெட்டியின் நிறம் மற்றும் அடையாளம் என்ன?
அ. சாம்பல் பெட்டியில் நீல கலர் குருசு
ஆ. மஞ்சள் பெட்டியில் நீல கலர் குருசு
இ. வெள்ளை பெட்டியில் பச்சை குருசு
ஈ. வெள்ளை பெட்டியில் சிவப்பு குருசு
3. முதலுதவி பெட்டியினுள் என்னென்ன இருக்கும்
அ. பஞ்சு, சிறியசல்லடைதுணி, மருந்துகள் மற்றும் ஊசி
ஆ. கம்பளி மற்றும் படுக்கை விரிப்பு
இ. பவுடர், எண்ணெய் மற்றும் சீப்பு
ஈ. இரத்த மற்றும் இரத்தம் சம்பந்தமான பொருட்கள்
4. என்னென்ன துவக்க விதிமுறைகள் முதலுதவியின் போது நாம் கையாள வேண்டும்?
அ. சுவாசம் மேம்படுத்துதல்
ஆ. இரத்தப்போக்கைக் கட்டுப்படுத்துதல்
இ. அதிர்ச்சியை குணப்படுத்துதல்
ஈ. மேலுள்ளவை அனைத்தும்
5. யார் முதலுதவி கொடுக்க முடியும்?
அ. மருத்துவம் படித்தவர்கள் மட்டும்
ஆ. ஆசிரியர்கள் மட்டும்
இ. வயதில் பெரியவர்கள் மட்டும்
ஈ. முதலுதவி முறைகள் அறிந்தவர்கள்
6. எந்தெந்த வழிகளி எல்லாம் முதலுதவி பற்றிய அறிவை அறிந்து கொள்ளலாம்?
அ. குடும்ப உறுப்பினர்களிடமிருந்து
ஆ. ஆசிரியர்களிடமிருந்து
இ. தொலை தொடர்பு செய்திகள் மற்றும் தன்னார்வ தொண்டு நிறுவனங்கள் மூலம்
ஈ. மேலுள்ளவை அனைத்தும்

தீ மற்றும் தீக்காயம்

7. ஒரு மனிதன் தீயில் எரிந்து தத்தளிப்பதை பார்த்ததும் முதலில் என்ன செய்யவேண்டும்?
அ. தீயணைப்பு படையினரை அழைத்தல்
ஆ. தீப்பட்ட நபரை அங்கும் இங்கும் உருட்டி எடுத்தல்
இ. தீக்காயம் பட்ட நபரை கம்பளி அல்லது சணல் பையால் மூடி இருக்கி பிடித்தல்
ஈ. தண்ணீரை மேலே ஊற்றுதல்

8. உடம்பில் தீ எரிவதை அனைத்ததும் உடனே அடுத்த என்ன செய்வாய்?
 அ. தீபட்ட இடத்தில் களிம்பு போடுவது
 ஆ. அதிகமான தண்ணீரால் தீக்காயத்தை குளிரவைக்க வேண்டும்
 இ. ஐஸ்கட்டிகளை தீக்காயத்தின் மேல் வைத்தல்
 ஈ. தீக்காயம் பட்ட தோலை உரித்து மாற்றுதல்
9. தீக்காயத்தில் என்ன நடக்கும்?
 அ. தோல் உரிவது
 ஆ. தோலின் நிறம் மாறுதல்
 இ. மென்மையான திசுக்கள் சேதமடைதல்
 ஈ. ஏதும் இல்லை
10. என்னென்ன வகையான தீக்காயங்கள்?
 அ. தீக்காயம் மற்றும் மின்சாரக்காயம்
 ஆ. வேதிப்பொருட்களினால் வரும் காயம்
 இ. சூரியக்கதிர்வீச்சல் வரும் புண்
 ஈ. மேலுள்ளவை அனைத்தும்
11. மின்சார வேலை செய்யும்போது என்னென்ன முன்னெச்சரிக்கை நடவடிக்கைகளை கடைபிடிக்க வேண்டும்?
 அ. ரப்பரால் ஆன செருப்பு மற்றும் கையுறைகள் அணிதல்
 ஆ. கைகளையும், ஆடைகளையும், ஈரம் ஆகாமல் பார்த்து கொள்ளுதல்
 இ. மின்சார ஓட்டத்தையும், கசிதலையும் பரிசோதித்து சரிசெய்தல்
 ஈ. மேலுள்ளவை அனைத்தும்
12. மின்சாரத்தால் தாக்கப்பட்ட நபரை எப்படி காப்பாற்றுவது ?
 அ. நீளமான மரக்குச்சியாலோ அல்லது ரப்பர் பொருளாலோ மின் இணைப்பை துண்டித்து விடுதல்
 ஆ. மனிதனை கையால் பிடித்து இழுப்பது
 இ. சத்தமிட்டு எல்லோரையும் அழைத்தல்
 ஈ. தண்ணீரை மேலே ஊற்றுதல்
13. அமிலத்தன்மையுள்ள வேதிப்பொருள் கையில் விழுந்தால் என்ன செய்ய வேண்டும்?
 அ. அமிலத்தை துணியால் துடைத்தல்
 ஆ. அதிகப்படியான தண்ணீரால் அமிலம் பட்ட இடத்தை கழுவுதல்
 இ. சோப்பு போட்டு கழுவுதல்
 ஈ. சுடு தண்ணீரால் கழுவுதல்
14. சூரியக்கதிர்வீச்சிலிருந்து காத்துக்கொள்ள என்னென்ன தடுப்பு முறைகள் கையாள வேண்டும்?
 அ. கை, கால் முழுவதும் மூடும்படியான ஆடை அணிதல்
 ஆ. சூரிய திரை களிம்பை வெயில்படும் இடத்தில் தடவுதல்
 இ. காலை 10 மணி முதல் 2 மணி வரை சூரியஒளியில் உலாவுவதை தவிர்த்தல்
 ஈ. மேலே குறிப்பிட்டவை அனைத்தும்

நீரில் மூழ்குதல்

15. நீரில் மூழ்குதல் என்பது என்ன?
 அ. குளத்தில் நீச்சல் அடிப்பது
 ஆ. ஆழமான தண்ணீருக்குள் மூழ்குதல்
 இ. ஆழமான மண்ணிற்குள் புதைதல்
 ஈ. கால்களையும் கைகளையும் நீரில் மூழ்கவிடுதல்
16. நீரில் மூழ்குதல் ஏற்படும் பொதுவான இடங்கள்
 அ. குளம், குட்டைகள்
 ஆ. ஆறு
 இ. திறந்த நீர்த்தொட்டி, கிணறு மற்றும் குளியல்தொட்டி
 ஈ. மேலுள்ளவை அனைத்தும்

17. நீரில் மூழ்குவதற்கான காரணங்கள் என்னென்ன?
 அ. நீர்நிலைகளிலுள்ள ஆழமான சகதி
 ஆ. நீச்சல் அறியாமை
 இ. பராமரிப்பு குறைவு
 ஈ. மேலுள்ளவை அனைத்தும்
18. நீருக்குள் மூழ்குவதால் என்ன நடக்கும்?
 அ. தண்ணீர் அதிகமாக குடிப்பது மட்டும்
 ஆ. தண்ணீரை குடித்து காற்றை வெளிவிடுதல்
 இ. காற்றை சுவாசிப்பது மட்டும்
 ஈ. காற்றை சுவாசித்து தண்ணீரை வெளிவிடுதல்
19. நீரில் மூழ்கிய நபரை காப்பாற்றிய பிறகு எந்த முறையில் படுக்க வைக்க வேண்டும்?
 அ. குப்புற படுத்தல்
 ஆ. நிமிர்ந்து படுத்தல்
 இ. சரிந்து படுத்தல்
 ஈ. அமர்ந்து இருந்தல்
20. நீரில் மூழ்கிய நபருக்கு என்ன முதலுதவி செய்ய வேண்டும்
 அ. சுகமாக இருக்க வைத்தல்
 ஆ. வயிரை அழுத்தி நீரை வெளியே எடுத்தல்
 இ. சம்பவ இடத்திலிருந்து மனிதனை மருத்துவமனைக்கு எடுத்து செல்லுதல்
 ஈ. நாடித்துடிப்பு மற்றும் மூச்சு விடுதலை பரிசோதித்தல்

மூக்கில் இரத்தம் வடிதல்

21. எதனால் மூக்கில் இரத்தம் வடிகிறது?
 அ. மூக்கில் காயம் மற்றும் சதை வளருதால்
 ஆ. இரத்த சம்பந்தமான நோய்கள்
 இ. மூக்கை அதிகமாக அழுத்துவதால்
 ஈ. மேலுள்ளவை அனைத்தும்
22. மூக்கில் இரத்தம் வடியும் போது என்ன நிலையில் இருக்க அறிவுரை வழங்க வேண்டும்
 அ. நிமிர்ந்து படுத்தல்
 ஆ. அமர்ந்து முன்னோக்கி சாய்ந்து இருத்தல்
 இ. அமர்ந்து பின்னோக்கி சாய்ந்து இருத்தல்
 ஈ. நேராக நிற்குதல்
23. மூக்கில் இரத்தம் வரும் போது மூக்கை எப்படி அழுத்தி பிடிக்க வேண்டும்
 அ. மூக்கை இறுக்கமாக அழுத்திப்பிடித்தல்
 ஆ. மூக்கை மெதுவாக, மென்மையான துணியால் அழுத்திப்பிடிக்க வேண்டும்
 இ. பஞ்சை மூக்கினுள் நுழைத்து அழுத்திப்பிடிக்கவும்
 ஈ. மேலுள்ளவை அனைத்தும்
24. எப்படி மூக்கில் இரத்த வடிவதை நிறுத்தலாம்?
 அ. ஐஸ் கட்டிகளை மூக்கின் மேல் வைத்தல்
 ஆ. சுடு தண்ணியால் மூக்கை கழுவுதல்
 இ. களிம்பு தடவுதல்
 ஈ. பத்து நிமிடத்திற்கு மேலாக மூக்கை இறுக்கி அழுத்தி பிடித்தல்
25. மூக்கில் இரத்தம் வடிதல் 5 மேலாக நீடித்தால் என்ன செய்ய வேண்டும்?
 அ. முழுவதுமாக உடம்புக்கு ஓய்வு கொடுத்தல்
 ஆ. முதலுதவியை தொடர்ந்து செய்தல்
 இ. நபரை சுகமாக அமைதியாக இருக்க வைத்தல்
 ஈ. மருத்துவரிடம் ஒப்படைத்தல்

நாய் கடி

26. வீட்டில் உள்ள மிருகங்களில் அதிகமாக எந்த விலங்கு மனிதனை கடிப்பது?
அ. பூனை
ஆ. நாய்
இ. எலி
ஈ. ஏதுமில்லை
27. நாய்களின் வகைகள் என்ன?
அ. தெருநாய்
ஆ. வீட்டுநாய்
இ. செல்லநாய்
ஈ. மேலுள்ளவை அனைத்தும்
28. நாய் கடித்தால் என்ன முதலுதவி செய்வாய்?
அ. கடித்த இடத்தை சோப்பு மற்றும் தண்ணீரால் கழுவுதல்
ஆ. உமிழ்நீரை துணியால் துடைத்து எடுத்தல்
இ. தண்ணீரால் மட்டும் கழுவுதல்
ஈ. மேலுள்ளவை அனைத்தும்
29. ரேபிஸ் என்றால் என்ன?
அ. மனிதன் கடிப்பது
ஆ. நாய் கடிப்பது
இ. விலங்கு கடிப்பது
ஈ. வைரஸ் கிருமி நாயிடமிருந்து மனிதனுக்கு பரவுவது
30. ரேபிஸ் தாக்கிய நபருக்கு எந்தெந்த அடையாளங்களும் அறிகுறிகளும் காணப்படும்.
அ. தண்ணீர் குடிப்பதற்கும், விழுங்குவதற்கும் இயலாமை
ஆ. வாந்தி
இ. வாயில் நுரை தள்ளுதல்
ஈ. மேலுள்ளவை அனைத்தும்
31. ரேபிஸ் பாதிக்கப்பட்ட நாயை அடையாளம் காண்பது எப்படி?
அ. குரைக்கிற நாய்
ஆ. நாக்கை வெளியே தொங்கவிட்டு அதிகமாக நுரைதள்ளுதல்
இ. தெருநாய்
ஈ. கடித்த அடையாளம் நாயில் இருத்தல்
32. ரேபிஸ் நோய் தாக்கப்பட்ட நாய் மனிதனை கடித்த பிறகு என்ன செய்ய வேண்டும்?
அ. நாயை உடனே கொல்ல வேண்டும்.
ஆ. பத்து நாள் வரை கடித்த நாயை கண்காணித்தல்
இ. நாயை அப்படியே விட்டு விடுதல்
ஈ. நாயை ஒரு நாள் மட்டும் கண்காணித்தல்
33. ரேபிஸ் வராமல் தடுப்பதற்கு என்ன தடுப்பூசி கொடுக்க வேண்டும்?
அ. டி.டி
ஆ. ஆன்றி ரேபிஸ்
இ. மேலுள்ளவை இரண்டும்
ஈ. முத்தப்பூசி

வலிப்பு நோய்

34. வலிப்பு நோய் என்பது?
அ. மூளையின் செயல்பாடுகளில் ஏற்படும் திடீர் மாற்றங்கள்
ஆ. உணர்ச்சியின்மை
இ. மூச்சு இல்லாமை
ஈ. ஒன்றுமில்லை

35. வலிப்பு நோய் வருவதற்கான காரணங்கள்
 அ. தலையில் அடிபடுதல் மற்றும் மூளையில் நோய் கிருமி தாக்குதல்
 ஆ. சமநிலை மாற்றம் மற்றும் நரம்பு சம்மந்தமான நோய்கள்
 இ. மேலுள்ளவை இரண்டும்
 ஈ. ஏதுமில்லை.
36. வலிப்பு நோயின் அறிகுறிகளும், அடையாளங்களும்
 அ. திடீர் தசைதுடிப்பும், சுயநினைவின்மையும் அல்லது சுகவின்மை மட்டும்
 ஆ. காய்ச்சல்
 இ. வாந்தி
 ஈ. நாடித்துடிப்புத்தன்மை
37. வலிப்பின் போது செய்யக்கூடாதவை
 அ. கூர்மையான பொருட்களை அப்புறப்படுத்துதல் எடுத்துக்காட்டாக கண்ணாடி மற்றும் இரும்புக்கம்பி
 ஆ. உடலசவுகளைக் கட்டுப்படுத்துதல்
 இ. தண்ணீர் குடிக்க கொடுத்துதல்
 ஈ. மேலுள்ளவை அனைத்தும்
38. வலிப்பின்போது நாக்கு கடிபடுவதை எப்படி தடுப்பது?
 அ. ஒரு சிறிய துணியை நாக்கின் மேலே வைத்தல்
 ஆ. விரலை நாக்கின் மேலே வைப்பது
 இ. கடினமான பொருளை வாயில் வைப்பது
 ஈ. பிளாஸ்திரி போட்டு வாயை இறுக்கமாக முடிவைத்தல்
39. வலிப்பு வந்து முடிந்த நபரை எந்த நிலையில் படுக்க வைக்க வேண்டும்?
 அ. சரிந்து படுக்க வைத்தல்
 ஆ. நிமிர்ந்து படுக்க வைத்தல்
 இ. தலைகுப்புற படுக்க வைத்தல்
 ஈ. எதுவுமில்லை
40. காற்றோட்டத்தை எப்படி அதிகரிப்பது வலிப்பு வந்த பிறகு?
 அ. விசிறியை போடுதல்
 ஆ. சன்னலையும், கதவையும் திறந்து வைத்தல்
 இ. கூட்டமான மக்களை வெளியே அனுப்புதல்
 இ. மேலுள்ளவை அனைத்தும்

விழுந்து அடிபடுதல் மற்றும் காயம்

41. வெட்டுக்காயத்திற்கான காரணங்கள்?
 அ. கூர்மையான விளிம்புள்ள பொருட்கள்
 ஆ. மழுங்கிய விளிம்புள்ள பொருட்கள்
 இ. விழுதல் மற்றும் இடித்தல்
 ஈ. மேலுள்ளவை அனைத்தும்
42. கீழே விழுவதற்கான காரணங்கள் என்னென்ன?
 அ. உயரமான இடத்தில் ஏறுதல்
 ஆ. கவனமின்மை
 இ. வெளியே விளையாடுதல்
 ஈ. மேலுள்ளவை அனைத்தும்
43. சின்ன வெட்டுக்காயத்திலிருந்து வரும் இரத்தத்தை எப்படி கட்டுப்படுத்துவது?
 அ. காயம்பட்ட பகுதியை உயர்த்திவைத்தல்
 ஆ. காயம்பட்ட இடத்திற்கு மேலே அழுத்திப்பிடித்தல்
 இ. ஐஸ் கட்டிகளை வெட்டுக்காயத்தின் மேல் வைத்தல்
 ஈ. மேலுள்ளவை அனைத்தும்

44. கீழே விழுதல் பொதுவாக எந்த வயதிற்குட்பட்டவர்கள் அதிகமாக பாதிக்கப்படுகிறார்கள்.
 அ. குழந்தைகள் மற்றும் முதியவர்கள்
 ஆ. இளைஞர்கள்
 இ. மேலுள்ளவை இரண்டும்
 ஈ. வயோதிபர்கள்
45. காயம்பட்ட இடத்தில் செய்யத்தக்கவை - எது தவிர
 அ. ஓடும் தண்ணீரில் கழுவுதல்
 ஆ. ஆண்டிசெப்டிக் திரவத்தால் துடைத்தல்
 இ. காயம்பட்ட இடத்தைச் சுத்தமான துணியால் கட்டுதல்
 ஈ. சோப்பு மற்றும் தண்ணீரால் கழுவுதல்
46. காயம் பட்ட இடத்தில் செய்ய கூடாதவை
 அ. காப்பி பொடி மிளகாய் மஞ்சள் பொடி வைத்தல்
 ஆ. சாணி, உப்பு மற்றும் நீல கலர் இங்கு பயன்படுத்தல்
 இ. இரத்தத்தை உறிஞ்சி எடுத்தல்
 ஈ. மேலுள்ளவை அனைத்தும்
47. காயம்பட்ட உடன் என்ன தடுப்பூசி கொடுக்க வேண்டும்.
 அ. முத் தடுப்பூசி
 ஆ. சொட்டு மருந்து
 இ. டி.டி தடுப்பு ஊசி
 ஈ. எதுமில்லை
48. எத்தனை நாட்களுக்கு ஒரு முறை டி.டி. தடுப்பூசி கொடுப்பது நல்லது.
 அ. 5வயதுக்கு மேல் மாதத்திற்கு ஒரு முறை
 ஆ. ஆறுமாதத்திற்கு ஒரு முறை
 இ. காயம் படுபோதெல்லாம்
 ஈ. மூன்று மாதத்திற்கு ஒரு முறை

பாம்பு கடி

49. பாம்பு கடித்தலின் அடையாளங்கள் எது தவிர
 அ. வலிமற்றும் வீக்கம்
 ஆ. நுரை தள்ளுதல்
 இ. மூச்சு விட இயலாமை
 ஈ. கடிபட்ட இடத்தில் இரத்தம் கசிதல்
50. பாம்பு கடித்த நபருக்கு செய்யகூடாதவை
 அ. இரத்தத்தை உறிஞ்சி எடுத்தல்
 ஆ. ஐஸ் கட்டியை கடித்த இடத்தின் மேல் வைத்தல்
 இ. கடித்த பகுதியை அசையாமல் இருக்கவைப்பது.
 ஈ. பாம்பு கடித்த நபரை அமைதியாகவும் பொறுமையாகவும் இருக்க வைத்தல்
51. பாம்பு கடித்த நபருக்கு என்னென்ன முதலுதவி செய்ய வேண்டும் ?
 அ. இறுக்கமான துணியால் பாம்பு கடித்த இடத்தில் மேலே கட்டுதல்
 ஆ. நடக்க அனுமதியின்மை
 இ. மேலுள்ளவை இரண்டும்
 ஈ. கடித்த இடத்தில் கத்தியால் அறுத்து இரத்தத்தை உறிஞ்சி வெளியே எடுத்தல்
52. பாம்பு கடித்தவர்களுக்கு என்ன மருந்து தூசி கொடுக்க வேண்டும்?
 அ. ஆண்டி வீனம்
 ஆ. ஆண்டி வைரஸ்
 இ. ஆண்டி பாக்டீரியல்
 ஈ. ஏதும் இல்லை

பூச்சி கடி

53. எந்த பூச்சி அதிகம் விசமுள்ளது, வேதனையுள்ளது
அ. தேள்
ஆ. சிலந்தி
இ. குளவி
ஈ. ஏதும் இல்லை
54. தேள் கடிப்பதால் என்னென்ன அடையாளங்கள் தென்படும்
அ. அதிகமாக நுரை தள்ளுதல் மற்றும் வாந்தி
ஆ. வலி மற்றும் வீக்கம்
இ. அரிப்பு
ஈ. மேலுள்ளவை அனைத்தும்
55. தேள் கடித்தாள் என்ன முதலுதவி செய்ய வேண்டும் ?
அ. கடித்த இடத்தின் மேல்பகுதியில் துணியால் கட்டுதல்
ஆ. ஐஸ்கட்டியை கடித்த இடத்தின் மேல் வைத்தல்
இ. மேலுள்ளவை இரண்டும்
ஈ. எதுவுமில்லை
56. இரத்தத்தை உறியும் பூச்சி எது?
அ. தேனீச்சு
ஆ. குளவி
இ. அட்டை
ஈ. சிலந்தி
57. அட்டைபூச்சியை எப்படி தோலிருந்து அகற்றுவது ?
அ. எரியும் தீக்குச்சியை அட்டை பூச்சியின் மேல் வைத்தல்
ஆ. குளிர்ந்த தண்ணீர் ஊற்றுதல்
இ. சுடுதண்ணீர் ஊற்றுதல்
ஈ. சர்க்கரை வைத்தல்
58. அட்டை பூச்சி கடித்தால் என்ன முதலுதவி செய்ய வேண்டும் ?
அ. மெத்திலேட்டு ஸ்பரிடால் கழுவுதல்
ஆ. சோடபைகார்பனேட் வைத்தல்
இ. காலமைன் லோஸனால் கழுவுதல்
ஈ. மேலுள்ளவை அனைத்தும்
59. குளவி கடித்தால் என்ன முதலுதவி செய்ய வேண்டும்
அ. சோடா வைக்க வேண்டும்
ஆ. வினிகர் அல்லது எலுமிச்சம் பழச்சாறு வைக்கவும்.
இ. உப்பு வைத்தல்
ஈ. பொட்டாசியம் உப்பை வைத்தல்
60. தேன் ஈ கடித்தால் என்ன முதலுதவி செய்வாய்
அ. காலமைன் லோஸன் வைக்கவும்
ஆ. சோடா உப்பு அல்லது எமத்திலின் நீலம் வைக்கவும்
இ. சர்க்கரை வைக்கவும்
ஈ. மேலுள்ளவை அனைத்தும்.

APPENDIX-VI

SCORING KEY

QUESTION NO	ANSWER
1.	C
2.	C
3.	A
4.	D
5.	D
6.	D
7.	C
8.	B
9.	C
10.	D
11.	D
12.	A
13.	B
14.	D
15.	B
16.	D
17.	B
18.	B
19.	A
20.	B
21.	D
22.	B
23.	B
24.	A
25.	D
26.	B

27.	D
28.	A
29.	D
30.	A
31.	B
32.	B
33.	B
34.	A
35.	C
36.	A
37.	D
38.	A
39.	A
40.	D
41.	D
42.	D
43.	D
44.	A
45.	D
46.	D
47.	C
48.	B
49.	D
50.	A
51.	C
52.	A
53.	A
54.	D
55.	C
56.	C
57.	A
58.	D
59.	B
60	D

APPENDIX-VII

SELF INSTRUCTIONAL MODULE FOR FIRST AID MEASURES

Our lifestyles are changing rapidly throughout the world therefore every citizen especially growing children should first aid to respond in an emergency .First aid is a first actions which can help to save the life of the victim of injury or sudden illness .The most important things are to recognize that an emergency has occurred, decide to act and to activate the emergency medical service system by calling emergency number **108** then give first aid until help arrives.

The international accepted emblem for first aid is white cross with green background. First aid kit contains cotton, gauze piece, Medicine, bandages, scissors and tweezers, anti septic solution and flash light.

Points to be remembered while giving first aid

- ⊕ Do the first, quickly, quietly without panic.
- ⊕ Reassure the causality
- ⊕ Look for the following
 - Is any failure of breathing?
 - Is any failure for circulation?
 - Is there severe bleeding?
- ⊕ Avoid handling the victim unnecessarily
- ⊕ Safe removal of the casualty to the hospital.

Person whose know the first aid measures can give first aid to the minor accidents and trained person from health care agency can carry out all first aid activities. Every citizen can gain knowledge from family members, teachers, mass media and voluntary health agencies.

In this teaching session the topics included are Fire and burns, Drowning, Epistaxis ,Dog bite, Seizure, Fall and injury, snake bite and Insect bite.

FIRE AND BURNS

When seeing the person with burning fire

- Covering the person with blanket, sack cloth
- Place the victim in a comfortable position
- Cool the burned area with large amount of water
- Remove the dress and ornaments from the burned skin
- Transfer the victim to the hospital

Burns are the injuries that result from dry heat like;

- ♣ Fire and flame ,sun, contact with high tension electrical current , lightening and friction
- ♣ Chemical burns (alkali and acid)

Burns cause soft tissue injury to the skin.

Precaution to be taken while in electrical work

- Wearing rubber chapel and gloves
- The dress and hands to be dry
- Check any leakage from wire
- To rescue the person from electrical shock
- To cut the current supply with the use of wooden stick or rubber
- Do not pull the victim with the bare hand

Precaution to be taken to protect from sun burns

- ♣ Wear long sleeved dresses
- ♣ Apply sunscreen lotions(SPF 15) in the exposed areas
- ♣ Avoid unnecessary exposure to sunlight between 10am to 2pm

First aid for chemical burns

- ❖ Flush the acid or alkaline spilled area with an large amount of plain water
- ❖ Consult the physician immediately

DROWNING

Drowning is literally means deep immersion in the water

- The common areas of drowning are pool, ponds, river, open tank, well
- It is occur due to unknown to swim, deep mud in the pond, lack of care givers supervision
- In drowning the victim will inhale water than air.

How will you rescue the person from drowning?

- Give hand or long stick to pull the person out of water
- Through the rope and pull the person out.
- Provide a prone or side lying position
- Abdominal compression to expel the water
- If needed call to emergency

NOSE BLEEDING

It is bleeding from the nose whether may externally or internally

- ❖ Nose bleeding occurs due to nasal injury, nasal polyps, bleeding disorder and pinching the nose vigorously.
- ❖ Place the person in a sitting position with leaning forward
- ❖ Pinch the nose softly with clean cloth for 10mts.
- ❖ Keep the ice pack over the nose
- ❖ If it persists for a period of time consult the physician

DOG BITE

Dog bites are common than in other domestic bites. The different types of dogs in our place is street dog, domestic dog, pet dog

Rabies (Hydro phobia)

- It is a transmission of rabies virus from dogs to human due to bite or saliva of dog.
- The dog is identified by protrusion of tongue with excess salivation and inability to bark
- Observe the rabies dog minimum 10days from the day of bitten.
- Wash the bitten area with soap and water thoroughly
- To protect from rabies put Anti rabies vaccine

In human rabies cause

- ✓ Difficult in drinking and swallowing water
- ✓ Foaming at mouth
- ✓ Vomiting

SEIZURE

- 🔴 Seizure means sudden changes in the electrical impulses of brain
- 🔴 It is occur due to infection in the brain, head injury , change in the equilibrium and neurological problem
- 🔴 It shows sudden muscle movement with or without loss of consciousness

Don'ts in seizure

- Restrict the movements
 - Giving water to drink
 - Keep hard object or finger
 - Giving iron rod or knife to the hand
- 🔴 Place the person in a side lying position to drain the saliva
 - 🔴 Place small pillow under the head
 - 🔴 Remove the crowd and provide ventilation by opening the doors and windows

FALL AND INJURY

- ♣ Injury is caused by sharp and blunt edged objects and falling and hitting
- ♣ Fall occurs due to carelessness, outdoor games, climbing on heights
- ♣ It is common among children and old age

Do's in cut injury

- Clean the site with clean water
- Wipe with antiseptic solution

- Tie the wound with clean cloth

Don'ts in cut injury

- Apply coffee powder, chilli powder, cow dung, salt, blue ink
- Suck the blood from the wound.

Control the bleeding by

- Elevate the site of injury
- Apply pressure over the bleeding site
- Keep the icepacks over the cuts

♣ **Tetanus toxoid** (T,T) vaccine should be given following the injury

♣ It should be given **six months once** not an every injury.

SNAKE BITE

There are different varieties of snakes in our India it is common bites in among farmers

It causes pain and swelling it will differ for each snake

Do's in snake bite

- ♥ Place the victim calm and quiet
- ♥ Tie the cloth over the bitten area
- ♥ Clean the wound with plenty of water

Don'ts in snake bite

- ♥ Cut the wound and suck the blood from the bitten site
- ♥ Allow the victim to walk

Transfer the victim to the hospital and give **anti venom** injection.

INSECT BITE

- ❖ The common stings are scorpion, wasp and bees.
- ❖ Scorpion is more toxigenous and painful
- ❖ It causes the symptoms like excessive salivation, itching, vomiting

The first aid measure is

- ❖ Apply a tourniquet proximal to the site
- ❖ Apply ice pack over the site of sting
- ❖ In wasp bite apply vinegar or lemon juice, soda bicarbonate, calamine lotions
- ❖ In bee bite apply soda or ethylene blue.
- ❖ Leech is a blood sucking insect
 - Remove the insect by burning match stick
 - Apply calamine lotion or methylated spirit

APPENDIX-VIII

முதலுதவி பற்றிய தகவல்கள்

முதலுதவி என்பது

மனிதனுடைய உயிரை காப்பாற்றுவதற்காக எடுக்கப்படும் ஒரு முயற்சி முதலுதவி பெட்டியில் உள்ள பொருட்கள் பஞ்சு, சிறிய சல்லடைதுணி, ஆன்டி செப்டிக்ரீரவம் அதாவது (டெட்டால் , ஸேவ்லான்) மற்றும் மருந்துகளும் ஊசிகளும்.

முதலுதவி கையாள வேண்டிய துவக்க விதிமுறைகள் :

- சுவாசம் நன்றாக இருக்குமாறு செய்ய வேண்டும்.
- இரத்த போக்கை கட்டுப்படுத்த வேண்டும்.
- அதிர்ச்சியை குணப்படுத்த வேண்டும்.

முதலுதவி பெட்டியின் அடையாளம்

வெள்ளை பெட்டியில் பச்சை குருசு அல்லது சிகப்பு குருசு அவசர உதவிக்கு "108" எண்ணுக்கு தொடர்பு கொள்ளவும்.

தீ மற்றும் தீக்காயம் (Burns)

- தீயை எப்படி அணைப்பது - மணலை வேகமாக வீச வேண்டும் அல்லது தண்ணீரை வேகமாக பாய்ச்சி தீயை அணைக்க வேண்டும்.
- ஒரு மனிதனின் உடம்பில் தீ எரிவதை பார்த்ததும் கம்பளி அல்லது சணல்பையாலோ நபரை இறக்கமாக மூடி தீதை அணைக்க வேண்டும்.
- தீ பட்ட இடத்தை அதிக அளவு தண்ணீரால் 10 நிமிடத்திற்கு மேலாக குளிர வைக்க வேண்டும்.
- தீ பட்ட இடத்தில் உள்ள துணியை மெதுமாக நீக்க வேண்டும்.
- காயம்பட்ட இடத்தை சுத்தமான துணியால் மூடிவைக்க வேண்டும்.

மின்சார பணியில் இருப்பவர்கள் எப்படி கரண்ட் ஷாக்கிலிருந்து காத்து கொள்ள வேண்டும்.

- ❖ ரப்பரால் ஆன செருப்பு மற்றும் கையுரை அணியவும்.
- ❖ ஆடைகள் உலர்ந்து இருக்க வேண்டும்.
- ❖ மின்சாரம் கசிவதை சரிசெய்ய வேண்டும்.
- ❖ மின் இணைப்பை துண்டிக்க வேண்டும்.

கரண்ட் ஷாக்கிலிருந்து காப்பாற்ற ஒரு நீளமான குச்சியால் மின் இணைப்பை துண்டிக்க வேண்டும்.

அமிலதன்மையுள்ள வேதிப்பொருள் தோலில் பட்டால் அந்த பகுதியை ஓடும் தண்ணீரில் நன்றாக கழுக வேண்டும்.

- சூரிய கதிர்வீச்சிலிருந்து காப்பாற்ற
- உடம்பை முழுவதும் மூடும்படியான ஆடை அணியவும்
- களிம்புகள் அதாவது (Sunscreen lotion) மற்றும் குடைகளை உபயோகப்படுத்தவும்.
- காலை 10 மணி முதல் மதியம் 2 மணிவரை வெயிலில் செல்வதை தவிர்க்கவும்.

நீரில் மூழ்குதல் (Drowning)

நீரில் மூழ்குதல் என்பது தண்ணீரில் ஆழமாக மூழ்கி தண்ணீரை குடித்தல் ஆகும்.

- நீரில் மூழ்குதல் நபரை காப்பாற்ற அந்த நபரை குப்புற படுக்க வைத்து வயிற்று பகுதியை மென்மையாக அழுத்தி தண்ணீரை வெளியே எடுக்க வேண்டும்.
- சுவாசம் நன்றாக இருக்குமாறு செய்யவும்.

மூக்கில் இரத்தம் வடிதல் (Nose bleeding)

மூக்கில் காயம், இரத்தம் சம்பந்தமான வியாதிகள் மற்றும் மூக்கை அழுத்துவதாலும் மூக்கில் இரத்தம் வடிகிறது.

மூக்கில் இரத்தம் வருவதை நிறுத்த நபரை அமைதியாக இருக்கவைத்த சிறிய துணியால் மூக்கை மென்மையாக அழுத்தி முன்னோக்கி சாய்ந்திருக்க செய்ய வேண்டும்.

- அதன் பிறகு ஐஸ்கட்டியை மூக்கின் மேல் வைக்கவும்.
- 10 நிமிடத்திற்கும் மேலாக இரத்தம் வடிவது நீடித்தால் மருத்துவரை அணுகவும்.

நாய்க்கடி (Dog bite)

- நாய் கடித்த இடத்தை சோப்பு மற்றும் தண்ணீரால் நன்றாக கழுக வேண்டும்.
- ரேபிஸ் நோய் என்பது ரேபிஸ் வைரஸ் நாயிடமிருந்து மனிதனுக்கு பரவுவது.

- ரேபிஸ் நாய் நாக்கை வெளியே தொங்கவிடும் நுரைதள்ளியும் இருக்கும்.
- ரேபிஸ் தாக்கிய மனிதனுக்கு தண்ணீர் குடிப்பதற்கும் , விழுங்குவதற்கும் இயலாமலும் வாந்தியும் இருக்கும்.
- கடித்த ரேபிஸ் நாயை 10 நாள் வரை கண்காணிக்க வேண்டும்.
- ரேபிஸ் நோயிலிருந்து காப்பாற்ற ஆன்டி ரேபிஸ் தடுப்பூசி கொடுக்க வேண்டும்.

வலிப்பு நோய் (Seizure)

மூளையில் ஏற்படும் திடீர் மாற்றங்களால் வலிப்பு நோய் ஏற்படுகிறது.

வலிப்பின் போது :

- உடலசைவினை கட்டுபடுத்துதல் கூடாது.
- இரும்பு மற்றும் கூர்மையான பொருட்களை கையில் கொடுக்க கூடாது.
- நாக்கை கடிக்காமல் இருக்க ஒரு சிறிய துணியை நாக்கின் மேல் வைக்கவும்.

வலிப்பு முடிந்த பிறகு அந்த நபரை சரிந்து படுக்க வைத்து காற்றோட்டத்தை அதிகரிக்க வேண்டும்.

விழுந்து அடிபடுதல் (Fall & injury)

காயம்பட்ட இரத்தில் இரத்தம் வருவதை நிறுத்த

- அந்த கையை உயர்த்தி பிடிக்கவும்
- அழுத்தி பிடிக்கவும்
- ஐஸ்கட்டியை வைக்கவும்
- சுத்தமான துணியால் கட்டவும்
- தண்ணீரில் கழுகவும்

காயம் பட்ட இடத்தில்

- ❖ சாணி, உப்பு, இங்க், மிளகாய்ப் பொடி வைப்பதை தவிர்க்கவும்.
- ❖ T.T தடுப்பூசி கொடுக்க வேண்டும்

*இது 6 மாதத்திற்கு ஒரு முறை கொடுக்க வேண்டும்.

பாம்பு கடி

பாம்பு கடித்த நபருக்கு வலி, வீக்கம் வாயில் நுரைதள்ளுதல் ஆகிய அடையாளங்கள் காணப்படும்.

பாம்பு கடித்த நபரை

- ✓ அமைதியாக இருக்க வைக்கவும்
- ✓ நடக்க அனுமதிக்க கூடாது
- ✓ ஒரு துணியால் பாம்பு கடித்த இடத்திற்கு மேல் கட்டவும்
- ✓ கடித்த இடத்தை அறுத்து இரத்தம் உறிஞ்சுவதை தவிர்க்கவும்

பூச்சி கடித்தல் (Insect bite)

- தேள் அதிக விஷமுள்ளது, வேதனையுள்ளதுமாகும்.
- தேள் கடித்த நபருக்கு வாந்தி , வலி , வீக்கம் மற்றும் அரிப்பு காணப்படும்
- முதலுதவியாக கடித்த இடத்தின் மேல் துணியால் கட்டி , ஐஸ்கட்டியை வைக்கவும் உடனே மருத்துவரை அணுக வேண்டும்.
- குளவி கடித்தால் வினிகர் அல்லது எலுமிச்சம் பழச்சாறு வைக்கவும்
- தேன் ஈ கடித்தால் சோடாஉப்பு அல்லது மெத்திலின் நீலம் வைக்கவும்
- அட்டை பூச்சியை தோலிலுருந்து அகற்ற எரியும் குச்சியை அதன்மேல் வைக்கவும்
- அதன் பிறகு மெத்திலேட் ஸ்பிரிட் அல்லது காலமைன் லோசனால் கழுக வேண்டும்.

குறிப்பு

இதை கண்டிப்பாக படிக்கவும் ,மற்ற மாணவர்களுக்கும், தெரியபடுத்துங்கள் முதலுதவி செய்வதில் முனைப்புள்ளவராக மாறுங்கள்

நன்றி

APPENDIX-IX

FIRST AID MEASURES-CONTENT OF VIDEO DISPLAY



FIRST AID SYMBOL



FIRST AID KIT CONTAINS



CONTROL BLEEDING

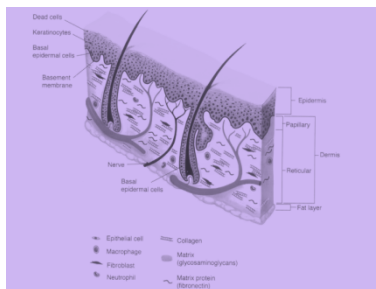


COMFORT THE VICTIM z



TYPES OF BURNS

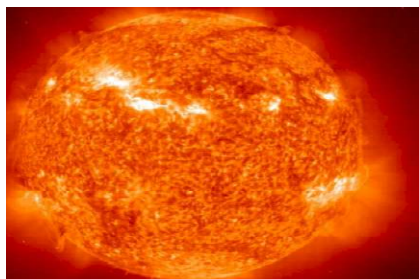
Normal skin



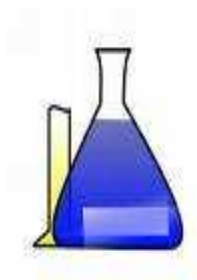
THERMAL BURNS



SUN BURNS



CHEMICAL BURNS



ELECTRICAL BURNS



CURRENT SHOCK

WOODEN STICK TO STOP THE SUPPLY

PROTECTION



CHEMICAL BURNS

WASH WITH PLENTY OF WATER



SUN BURN PROTECTION

WEAR CAP, EYE GLASS, SUNSCREEN LOTIONS AND LONG SLEEVE DRESS



STOPPING THE FIRE



STOPPING THE BURNING PROCESS



Stop, Drop & Roll ^{T28-4}

Teach children 3 and older to do the following if they catch on fire:

1. **STOP** - Stop where you are. Do NOT run.
2. **DROP** - Drop to ground and cover face with hands
3. **ROLL** - Roll to put out flames
4. **COOL** - Cool burn immediately with water
5. **Call EMS**







DROWNING

DROWNING IN RIVER



RESCUE THE VICTIM

Helping Someone Who Has Fallen Through Ice

- If a person falls through ice, never go out onto the ice yourself to attempt a rescue.
- Call 911



410

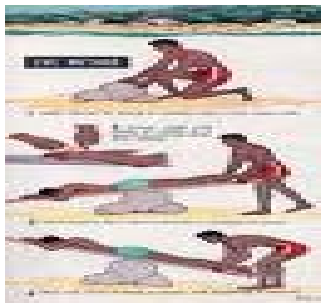
AMERICAN RED CROSS FIRST AID-RESPONDING TO EMERGENCIES FOURTH EDITION
Copyright © 2010 by The American National Red Cross
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If the water is too deep or dangerous to enter or if the victim is too far out to reach with a long object, a throwing assist may be wanted.



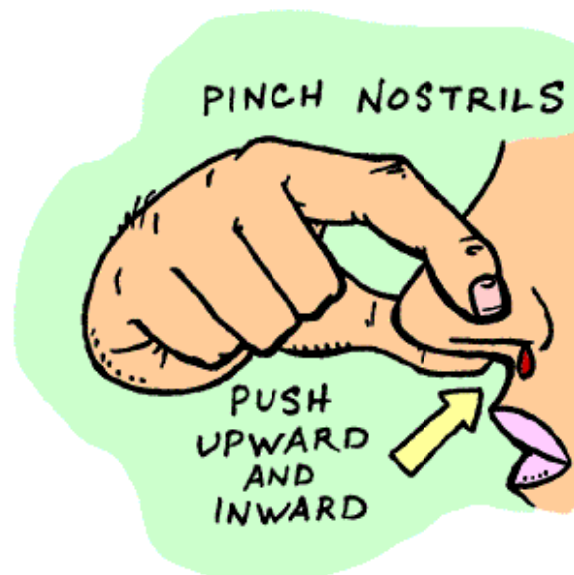
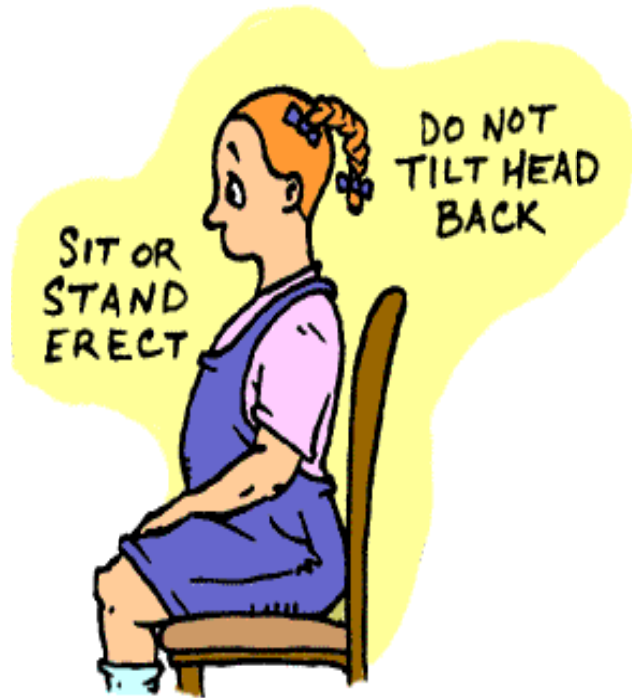
AMERICAN

EXPEL THE WATER BY ABDOMINAL THRUST



PLACING IN RECOVERY POSITION

NOSE BLEEDING



- Apply ice to bridge of nose
- Put pressure on upper lip beneath nose
- Once controlled DO NOT rub, blow, or pick the nose



DOG BITE



RABIES DOG



BITTEN SITE



WASH WITH SOAP&WATER

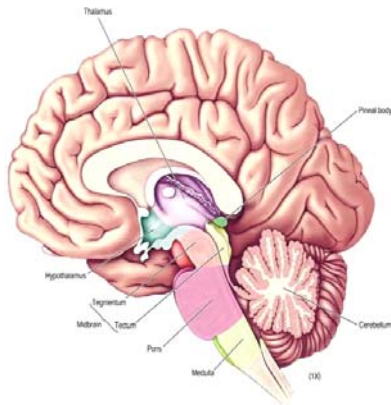


ANTI RABIES VACCINE

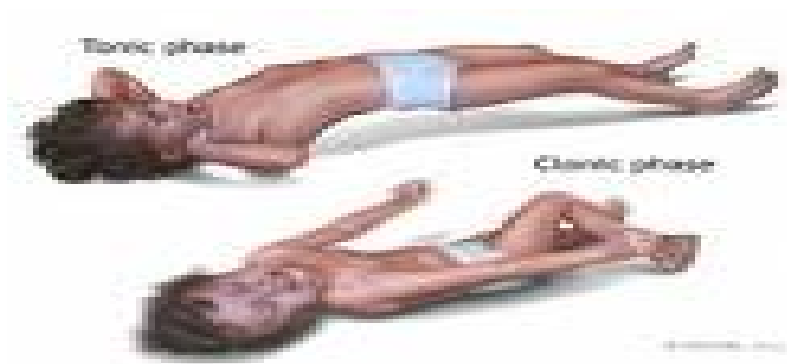
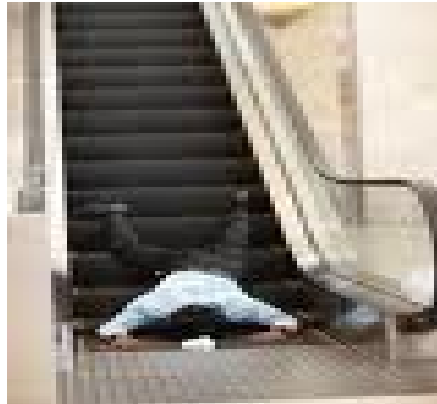


SEIZURE

BRAIN



RISK FACTOR



RECOVERY POSITION



FALL AND INJURY

RISK AREAS



T3-4



Control of Bleeding

Direct Pressure



Elevation



Cold Applications



Pressure bandage



SNAKE BITE

COMMON TYPES OF SNAKES

Cobra



krait



Russel viper



Saw scaled viper



APPLY BANDAGE



IMMOBILIZATION



ANTI VENOM



INSECT BITE&STING

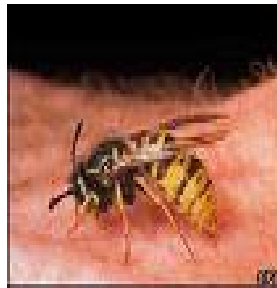


SCORPIAN

WASP

BEE

LEECH



SYMPTOMS OF SCORPIAN, WASP AND BEE STING



LEECH



FIRST AID

SCORPIAN STING

APPLY TIGHT BANDAGE



ICE CUBES



WASP STING

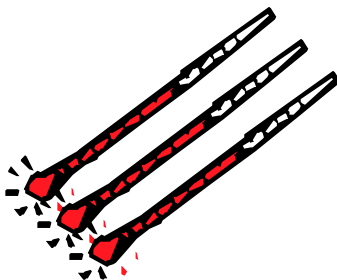


BEE STING



LEECH

BURNING STICK



CALAMINE LOTION



METHYLENE BLUE

